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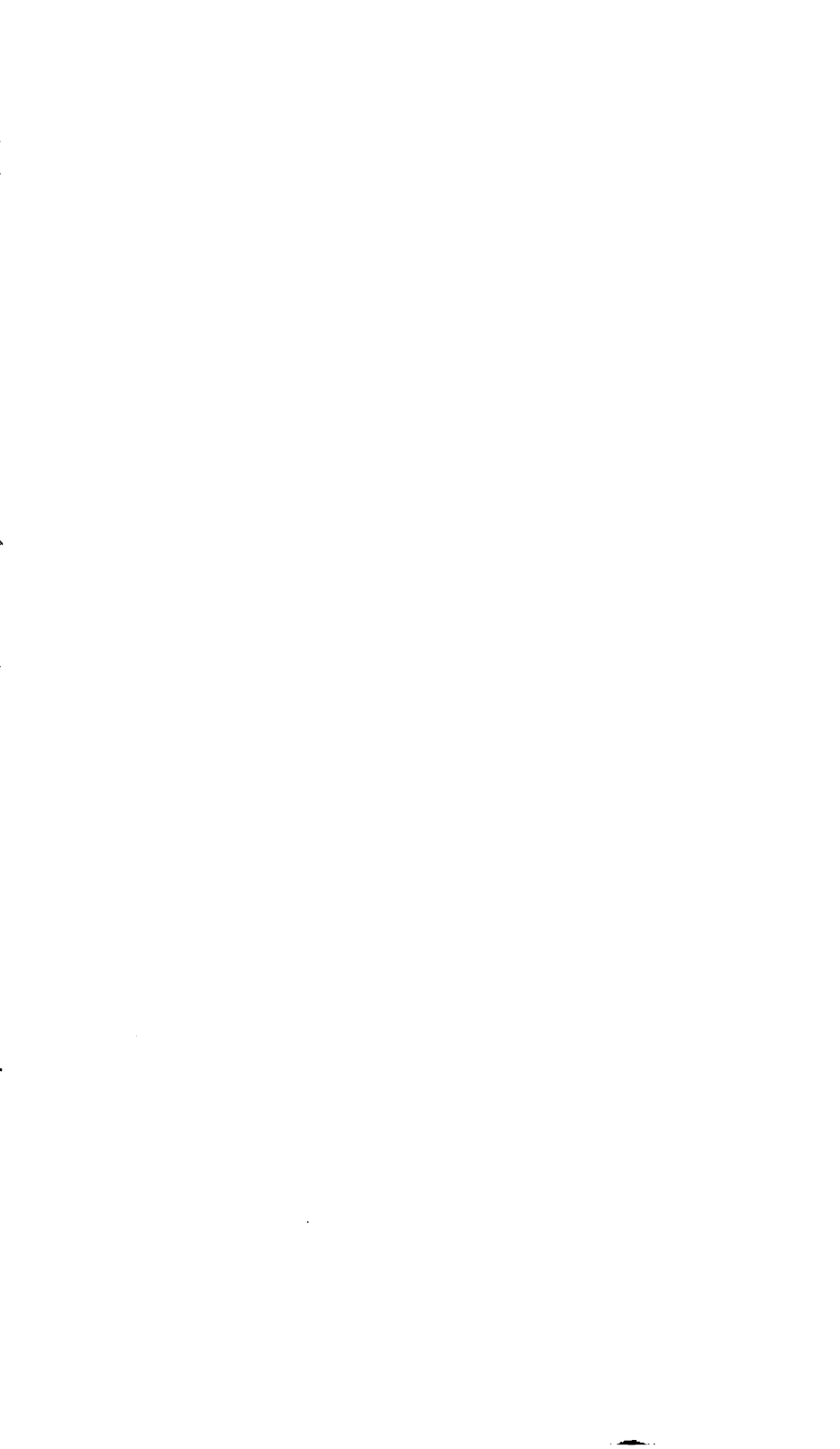
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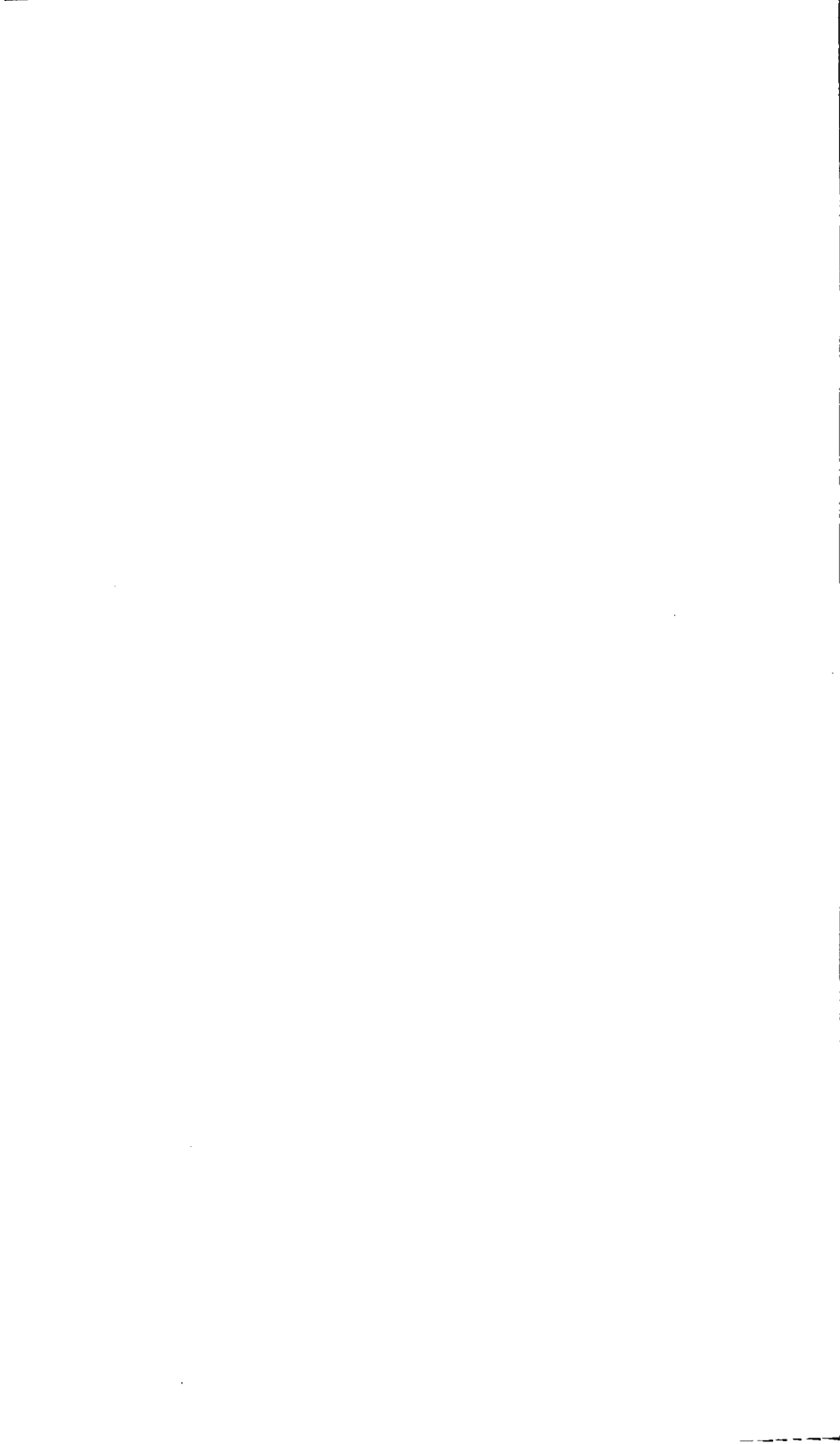
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THE

# AMERICAN MEDICAL INTELLIGENCER.

A CONCENTRATED RECORD OF MEDICAL SCIENCE AND LITERATURE.

From April 1, 1838, to April 1, 1839.



BY ROBLEY DUNGLISON, M. D., M. A. P. S.

Professor of the Institutes of Medicine, &c., in Jefferson Medical College of Philadelphia; one of the attending physicians to the Philadelphia Hospital (Blockley); Fellow of the College of Physicians; and Honorary Member of the Medical Society and College of Pharmacy of Philadelphia, and of the Medical Societies of the states of Massachusetts, New York, and Maryland, &c. &c. &c.

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1839.



## PREFACE.

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At the expiration of the second year of the American Medical Library and Intelligencer, the editor trusts his subscribers will have found that there has been no relaxation in his efforts to render his publication what it has always purported to be,—“a concentrated record of medical science and literature.”

In the “Library” part, the following distinct works have been reprinted:—Dr. W. Kramer on Diseases of the Ear, Dr. James Hamilton’s Practical Observations on Midwifery, Mr. James Syme on Diseases of the Rectum, Dr. Jonathan Osborne on the nature and treatment of Dropsical Diseases, Dr. Jonathan Green on Diseases of the Skin, Mr. W. Coulson on Diseases of the Bladder, Mr. R. Liston’s Practical Surgery, with one hundred and thirty engravings, and notes by Dr. Norris, Mr. George T. Morgan on Inflammation, Dr. A. B. Granville on Counter-irritation, Dr. T. Hodgkin on the Morbid Anatomy of the Serous and Mucous Membranes, Mr. T. Ryland on Diseases and Injuries of the Larynx and Trachea, Dr. R. Rowland on Neuralgia, Dr. R. Dunglison’s Observations on the Condition of the Insane Poor, Dr. F. Churchill on the Diseases of Females, and Dr. Lallemand on Involuntary Seminal Discharges; the cost of the originals of which, in this country, would not be less, to our subscribers, than sixty dollars.

Besides these, the following essays on particular subjects have appeared in the “Library.” Dr. J. Clendenning’s Croonian Lectures, Experiments and Observations on the Pathology of the Heart, and Sir A. Cooper on Spermatocoele or Varicocoele of the Spermatic Cord.

The editor need scarcely add, that all the zeal, industry, and ability which he is capable of bestowing on the work to render it extensively useful, shall be continued in its future progress.

ROBLEY DUNGLISON.

Philadelphia, 9 Girard St.,  
March 15, 1839.



THE

## AMERICAN MEDICAL INTELLIGENCER.

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No. 1.

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### ART. I.—ON THE HYDRATED PEROXIDE OF IRON AS AN ANTIDOTE FOR ARSENIC.

BY JOSEPH E. MUSE, M. D., OF CAMBRIDGE, MARYLAND.

*To Professor Dunglison.*

Cambridge, Md., March 1, 1838.

Dear Sir,—In your "General Therapeutics" the hydrated peroxide of iron is suggested as an antidote to arsenic acid, though it is marked by you as *questionable*.

Drs. Bunsen and Berthold, in 1834, reported it as a "*true specific*."

In the last January number of "Bell's Medical Library," I was much gratified to read "Experiments on the Hydrated Peroxide of Iron, by Dr. Von Specs."

The fact being a very interesting one, I determined to satisfy myself, by a series of experiments, of the efficacy of the antidote; and I was, perhaps, the more inclined to be sceptic from having understood frequently, and from respectable sources, that arsenic would not kill a dog—and the experiments of Dr. Von Specs had been made with that animal.

For this purpose I prepared some hydrated peroxide of iron by a solution of the metal in nitro-muriatic acid, precipitated by an alkaline carbonate (I used carbonate of soda),—having dried the precipitate I obtained a beautiful specimen of "brown hematite," or hydrated peroxide of iron; I also borrowed of a kind neighbour a worthless dog, in full health, about two years old, and of ordinary size.

Being thus prepared with materials for the work of destruction and preservation at will, I determined, in the first place, to settle the question of the efficacy of the arsenic as a poison upon the animal economy of the dog; and secondly, when I should have finished the first dog, or the first question, to obtain the loan of another dog, and then to settle the second question, of the efficacy of the antidote to preserve him.

In my experiments it will be observed that I used the same quantities of arsenic reported to have been used by Dr. Von Specs, that I might have the more fair and appropriate results.

On Sunday afternoon, Feb. 18, 1838, at half past three o'clock, a scruple of the white oxide of arsenic was given, in minced meat, to the dog before described; at six o'clock the dog was not at all affected by it. The next morning, Monday, at nine o'clock, the dog, which was chained in a stall in my stable, appeared sickened, dull, and timid,—which two latter incidents I ascribed to his being a stranger both to the hostler, my assistant, and to myself, as well as to the fact of his being chained; and I name them because they were noticed by Dr. Von Specs, apparently, as pathological symptoms. His stall bore the evidence of emesis during the night, though



not copious; at five o'clock, P. M., he was quite well, and ate meat and became more friendly and lively.

On Tuesday, nine o'clock, A. M., the dog being perfectly well, I gave him one dram of the arsenic in minced meat; in the afternoon he was sickened and vomited as before.

On Wednesday morning, about nine, he was quite well and lively. I allowed him a small piece of meat, to test his appetite; he would have consumed a large mess, but I withheld it for further experiment, and I gave him at this visit one dram more of arsenic, mixed in mush and lard; he ate it freely. In the evening he had copious emesis; but neither in this nor in any of the previous cases had he any fluid alvine dejections.

On Thursday morning, about nine o'clock, the dog was *apparently* well, and I believe was so in *reality*, as he ate freely what was allowed him; which, as before, was limited for further experiment,—yet every day he had a little milk and some water.

On this day, Thursday morning, about ten o'clock, I offered him six drams of hydrated peroxide of iron in mush and lard, with a view to witness the effects of the supposed antidote upon him. He ate only about two thirds of it; in the afternoon his bowels were considerably affected.

On Friday morning, about ten o'clock, though a little reduced in flesh, he was quite well, and ate voraciously of meat and other food given him, except the mess of the antidote, which he would not again touch, though enveloped in a larger and richer medium.

On this day—late on Friday evening—I returned the dog to his owner, preserved, unequivocally, from the generally fatal effects of the arsenic, not by the *factitious* antidote, but by the *natural counter-poison* of his *peculiar constitution*.

On Tuesday, 27th, I called on his owner, and witnessed the unimpaired health of the dog.

The experiments of Dr. Specs were predicated, necessarily, and reasonably, upon the general truth of the poisonous effects of arsenic upon the animal economy.

From my experiments, above detailed, and whose results were widely different from my anticipations, and I may add, my wishes, it would seem that the family of the “dog” is an exception to this general truth, and that it is constitutionally capable of modifying or resisting the action of this general poison, without the aid of a *foreign* antidote; or it may *possibly* be true only with the *solitary subject* of my experiments, whose *individual* idiocracy may have preserved him, and it may not hold with the *family*, though this is not at all probable.

Should this family of the “dog” be found, upon further examination, to possess this modifying power, it would not be wholly anomalous; many analogous instances are to be found, among the vegetable poisons, of plants which are wholesome to one family of animals and destructive to others; the ground ivy, “*Gaultheria procumbens*,” as our farmers universally believe, destroys their sheep, which will eat it only in the winter,—but it is wholesome and nutritive to our deer, and perhaps to others. The “*atropa belladonna*,” it is confidently asserted, though I know not the fact, is consumed by the hog with avidity and safety: to animals in general it is notoriously poisonous. Bigelow, in his “*Medical Botany*,” though I have not the work at hand and do not recollect them, adduces several similar instances.

I have only to repeat, that my experiment-dog was infallibly *arsenic-proof*, and without the aid of a foreign antidote; and though other individuals of that family may possibly give a different result, yet, without further experiment, the antidotal powers of the hydrated peroxide of iron against the poison of arsenic cannot be considered as established.

ART. VIII.—THE OTAPHONE.<sup>1</sup>

We observe by the continental journals that an instrument under this title was under trial in Berlin as a remedy for deafness. The individual who claims the invention of this contrivance it would seem is an American, who calls himself Professor Robinson, and who arrived in Berlin in the month of March last. Much attention appears to have been given by the savans of Berlin to the properties of the otaphone, and in a journal of the 17th of April appears a certificate by Dr. Graefe, recommending it to those who are affected with impaired sense of hearing. The instrument appears to be of very simple construction, and its operation to consist in raising the cartilage of the ear from the temple so as to increase the angle formed by these two parts to forty-five degrees. A writer in a Berlin medical journal now before us, Dr. Kramer, denies the utility of the otaphone, and undertakes to disprove the claims of Professor Robinson to the honour of its invention, which he asserts is truly due to Buchanan, of Hull, who, in 1828, recommended wearing a pad of cork between the ear and the head as a remedy for deafness. The plan was again brought forward by Webster, the author of a treatise on the structure of the ear, published in London in 1836, but who makes no allusion to Buchanan, "a violation of honesty," says Dr. Kramer, "which is only imitated by our friend Robinson, who transfers the invention of the instrument from London to America." Who this illustrious countryman of ours may be we are unable to conjecture!

E. G. D.

## ART. III.—CASES OF GUN-SHOT WOUNDS, WITH REMARKS.

BY SAMUEL ANNAN, M. D., OF BALTIMORE.

The duties of the military surgeon have so seldom to be performed by those engaged in civil practice, that the occurrence of numerous instances of wounds inflicted by the implements of war, forms a kind of epoch in the history of one's life. During the short campaign of August, 1835, which terminated in the dispersion of the rioters, who, during several days and nights, had been actively employed in the work of destruction, the surgeons of this city were afforded an opportunity for becoming acquainted with gun-shot wounds. The number of killed and wounded has not been satisfactorily ascertained. The three following cases came under my care. The individuals were all spectators of the war, and were standing near together, about twelve o'clock at night, and received a portion of the last discharge of musketry made upon the retreating mob.

C. N., æt. 14, received a ball, flattened by previously striking some hard substance, in the foot. It perforated the skin a little behind the os cuboides, and passed along close to the bones, obliquely over the tarsus and metatarsus, and stopped at the distal extremity of the metatarsal bone of the index toe. It was easily extracted by an incision through the skin. Both wounds healed slowly, from his continuing to walk about.

W. W., æt. 16, was severely wounded on the penis and thigh. The penis must have been lying in the right groin, with the glans turned towards the right side. The bullet, which was also flattened in its course across the front of the body, struck the penis about the middle, tore off the skin, with a portion of the corpus cavernosum, down to the root of the organ; and also a considerable portion of the scrotum; the vas deferens and spermatic vessels barely escaping; and then passed into the thigh, which it crossed to the

<sup>1</sup> *Wochenschrift für die gesammte Heilkunde*, von Casper, 27 Mai, 1837.

outer side, stopping beneath the skin immediately in front of the trochanter major, from which it was removed by a small incision.

The wound of the scrotum was at least two and a half inches wide; and nearly one half of the root of the penis was uncovered. Two or three sutures brought the edges partially into contact, so as nearly to close the wound. There was not, however, any union by the first intention. A considerable slough came off from the corpus cavernosum; granulations sprung up; and by keeping the edges of the skin well drawn together by adhesive plaster, a very good cure was effected. The only evidence of the wound at present to be seen, is a narrow cicatrix along its course. The wound of the thigh threw off some superficial sloughs where the ball entered; there was but little inflammation, and in about six weeks the cicatrisation was completed.

J. L., ætatis about thirty, was shot in the right leg. The ball entered between the tibia and fibula, at the upper part of the middle third, making a wound as large as the palm of one's hand, tearing away the skin and lacerating the muscles; without, however, injuring either of the bones. It could not be discovered at the time, but can now be felt beneath the skin and fascia, two or three inches above the ankle joint, on the inner side. In this case there was a good deal of blood lost, but the hemorrhage was easily controlled by moderate pressure. Deep sloughs from the muscles between the tibia and fibula were coming away, and the wound was doing well under the use of emollient poultices, when, on the eleventh day, hemorrhage occurred from the anterior tibial artery, in considerable quantity. I proposed immediately tying the superficial femoral artery, at the usual place for securing it for popliteal aneurism, as the simplest and most effectual mode of controlling the bleeding; but Dr. Geddings, who was called in to see the case with me at this time, suggested the propriety of first trying pressure. Accordingly an apparatus was constructed of two pieces of shingle, sufficiently wide to extend beyond the thigh, both before and behind, around which a tourniquet was applied, the pad being over the course of the superficial femoral artery. By this means the front and back of the thigh were relieved from the pressure; and the chief force applied along the course of the artery. This restrained the hemorrhage; but the lower part of the limb became very much tumefied, and it was necessary to relax the pressure. The apparatus, however, was retained, that the tourniquet might be screwed up if the bleeding should return. The swelling of the leg did not entirely disappear during many days, and the pain of the foot and lower part of the leg was extremely severe. On the eighth or ninth day the hemorrhage reappeared, and recurred on the second day after, when we determined to secure the superficial femoral artery. I made the usual incision over the inner margin of the sartorius muscle, at the upper part of the thigh, and applied a buckskin ligature. From this time I had no farther trouble with the case; a small abscess formed, it is true, around the ligature, which for a day or two appeared very similar to a tumour filled with blood; but all uneasiness was removed by its bursting and discharging pus. The sloughs from the primary wound separated, leaving a deep cavity, which filled up with granulations, and in a little more than two months the wound was entirely cicatrised. He does not experience the slightest pain from the ball, and is therefore unwilling to have it removed.

Mr. Guthrie, in his "Treatise on Gun-Shot Wounds," says that "from the ideas usually attached to a contused wound it has been supposed that gun-shot wounds are not painful at the moment of infliction. This, as a general principle, is erroneous, although in many the pain is but trifling, whilst in others it is severe, and in some few rare instances the patient has been unconscious of the injury." In neither of the cases narrated above was pain experienced at the time the wound was received. The sensation was that of tingling and numbness; and at no subsequent period was the pain very severe.

The inflammation was not of a high grade. The parts suppurated kindly; and the sloughing was not deep. In the wound of the leg the sloughing did

not extend more than one third of the distance from the surface to the spot where the ball is lodged. This low grade of inflammation is somewhat remarkable, when we consider that the balls were flattened and jagged by striking either the sides of the brick houses or the street pavement, and must have produced considerable laceration in their passage through the skin and muscles. It can only be ascribed to the excellence of the constitution of all the wounded persons. There was no perceptible fever.

The old practice, recommended by Baron Percy, in his *Manuel du Chirurgien d'Armée*, Paris, 1792, of making scarifications and incisions, in order to change the contused into an incised wound, has very properly been abandoned. The patient suffered more from these incisions than from the first infliction of the injury; the consequent inflammation was rendered greater and the sloughing was not prevented. The object in view was not attained; and the sufferings of the patient were aggravated. The modern practice is, to avoid every source of irritation, and employ the mildest dressings. Emollient poultices, or compresses kept constantly wet with cold water, are preferred until the sloughs have separated; and the ulcers should then be dressed with simple cerate till they are healed. Any change in their condition from healthy to morbid action must be met by a corresponding change of treatment.

Proper incisions, however, have to be made for the purpose of removing balls and other foreign bodies. But it is not good practice to make these at a venture. If a bullet can be felt it should be cut upon and extracted, if this can be safely done. Lead bullets, it is well known, may be suffered to remain in most situations with perfect impunity. A sac forms around them, which secures them, for the most part, in their position; and no unpleasant consequences ensue. Still many persons are desirous of having them removed; and Mr. Guthrie informs us, that he removed one from an officer which had been lodged deeply in the parietes of the abdomen; where it had been for several years. If we may judge from the history of a wound very similar to that of this officer, it was fortunate that he had the ball extracted. A gentleman was shot in the hip ten or eleven years ago, and the ball passed either over the crest of the ilium, or below the anterior superior spinous process, and lodged in the parietes of the abdomen. After recovering from the wound, his health continued good until some time in the summer or autumn of last year. Up to this time the ball could be felt; but as he experienced no inconvenience from it, and there was no apprehension of future danger, it was not thought necessary to subject him to the pain of an operation for its removal. The constant motion of the muscles of the abdomen, and the little resistance made internally, it would seem, at length caused it to pass inwards, until it came in contact with the small intestines, where it produced inflammation terminating in diarrhoea; which, after several months' suffering, carried him off. Examination after death revealed the true cause of the disease; which had not previously been suspected, if I have been correctly informed. This case proves that where leaden balls are lodged deep in the muscular parietes of the large cavities of the trunk, which are subjected to a great deal of motion, and the external resistance is greater than the internal, fatal consequences may ensue from their working inwards and coming in contact with the contained viscera; and that such cases are exceptions to the general law, and justify deep incisions for their removal.

It will have been perceived that an attempt was made to restrain the hemorrhage, in the third case, by moderate pressure, applied through an apparatus which did not embrace the entire circumference of the limb, but allowed of a continuance of the circulation, both in front and behind, and that considerable œdema and painful tension of the lower part of the limb were the consequences. The fatal objection to every such contrivance is, that while the artery is compressed, the vein, which lies close along side of it, and yields more readily to the compressing force, has its circulation interrupted in a greater degree than that of the artery, whose coats are thick, and its diameter preserved by the direct force of the heart. Now it is

obvious, that if we interrupt the current in the vein in a greater degree than we do that in the artery, we are doing positive mischief. The anastomosis between the veins is not of that character to admit of a circuitous circulation, as in the case of the artery; and if the flow of the blood through the main venous trunk of a limb is arrested, the most disastrous results are to be apprehended.

In the fourteenth volume of the *Medico-Chirurgical Review*, a case of wound of the femoral artery and vein is recorded, which came into St. George's Hospital, London, and was managed by Mr. Keate, one of the surgeons of that institution. He applied a ligature above and below the wounds, to both the artery and the vein. Mortification of the limb followed, and the man died on the fourth day after the operation. The chief danger apprehended by the surgeon from the application of the ligature to the vein was inflammation—phlebitis. He appears to have had no dread of failure of the circulation. Now as it is well known to anatomists that the veins which return the blood of the fibular posterior and anterior tibial arteries unite to form the popliteal vein, into which the saphena minor generally enters; as we have no evidence that these veins have that kind of communication with the superficial veins which will enable them to send their blood into the saphena major, and thus into the femoral vein, high up in the thigh; and as we have no reason to believe that the veins around the knee-joint anastomose as the arteries do—indeed their valves would effectually prevent a retrograde circulation—we imagine the great danger to the above patient arose from the impossibility of the blood sent down by the profunda femoris into the articular arteries finding a passage back; and as an inevitable consequence in all such cases, the leg must mortify. Another case is reported, in which Dr. Smith, of Haslar, put a ligature upon the artery, and restrained the bleeding from the vein by compress and bandage, and the patient recovered.

Mr. Guthrie gives us the case of “an officer who was wounded by a musket-ball on the fore part of the right thigh, which made its exit through the left nates. It wounded the great femoral vein and passed upwards and onwards into the perinæum in front of the urethra, without injuring it. This gentleman, after some time, perfectly recovered, but all the superficial veins of the wounded thigh have greatly enlarged, almost appearing varicose, and communicate with the superficial veins of the abdomen, which are also of increased dimensions, forming a beautiful venous anastomosis, that is very remarkable when compared with the other side.”

Admitting the femoral vein to have been wounded, although Mr. Guthrie does not inform us how he discovered this to be the fact, nor whether the wound was large or small, transverse or oblique,—whether the vein was cut entirely through and separated, or slightly opened on one side,—it is, we think, apparent, that the wound was above the entrance of the saphena major, and that the enlargement of the superficial veins arose from an obstruction to the free passage of the blood out of that vessel; not to the return of the whole or great part of the blood of the limb through the vessels of the surface. The veins of the abdomen, which pass downwards to enter the femoral vein, must have been enlarged from the same obstruction; inasmuch as it is impossible the branches of the saphena major could take on a retrograde circulation, and send up the blood upon the surface of the abdomen from the superior part of the thigh. The effect of such a course of the blood in the veins would be to send it back into the capillary arteries, from which the veins take their origin, to seek another route through their free anastomoses; which is plainly impossible. We believe, therefore, that in the above case the femoral vein was only contracted in its diameter; not entirely obliterated.

Alarming symptoms have not unfrequently been observed, sometimes with a fatal termination, when no external injury was perceptible. In these cases the ball has been regarded as only the indirect cause of the unfortunate results; and the commotion produced in the air by the rapidity of the

bullet's motion through it has been deemed the direct agent; and such injuries have been called "wind-contusions." Mr. S. Cooper, in his "First Lines," considers this explanation as too absurd to need a serious refutation; and gives it as his opinion, that the ball causes a violent contusion, but does not enter the body nor wound the skin, in consequence of the sloping direction in which it first strikes the surface, from which it is reflected.

It is easy to conceive of the infinitesimal particles of light or heat being reflected from appropriate surfaces; but to talk of the reflection of bodies having the magnitude and moving with the momentum of bullets, unless by some substance possessing more solidity and capacity of resistance than the surface of the human body, is rather ludicrous. Perhaps we can account for these remarkable occurrences by taking into consideration the elasticity of the parts against which the ball impinges. When a bullet strikes the abdomen or thorax with a force not quite sufficient to penetrate, the elasticity of the parietes of those cavities will cause it to rebound; and while great injury may be done to the parts within, which are driven against the spine, or some other unyielding substance, the skin and muscles may entirely escape.

The following we suppose to be an analogous case. A gentleman about to mount his horse was struck on the right side of the hypogastric region by the hind foot of the animal thrown forwards and outwards to dislodge the flies. Severe pain and sickness of the stomach immediately followed, with paleness and tendency to syncope. When I saw him, an hour or more afterwards, there was not the slightest appearance of injury on the surface of the abdomen; but he complained of great pain, increased on pressure, and evidently referable to the contained viscera. The face was pale, and the countenance extremely anxious; pulse very small and frequent. He was bled, a blister applied, emollient enemata administered, and such further treatment adopted as the symptoms appeared to require. Death, however, took place sixteen hours after the reception of the injury. On examination the skin and muscles gave no evidence of having been struck, but there was a laceration of the ileum. An opening was made into this intestine about one third of an inch in diameter, through which the contents of the bowels had passed into the cavity of the peritoneum and produced intense inflammation, extending over nearly the whole of the viscera.

Neither the commotion of the air, nor the obliquity of the angle of incidence will here explain the absence of contusion of the external parts. Their elasticity affords a more rational solution of the problem.

### ART. III.—ANIMAL MAGNETISM.

Washington City, D. C., Feb. 17th, 1838.

Sir,—In one of the late numbers of the "Medical Intelligencer" I have read a report of a committee of the Royal Academy of Medicine on the subject of animal magnetism. I have been informed, from good authority, that this report was *not* drawn up by a committee of the said academy; that one of the signers of that report has been dead for some years; that most of the individuals who are said to have signed the report do believe and now use animal magnetism; and finally, that the report is entirely a forgery, written for one of the English medical journals. Not having the French medical journals to find out whether such a committee have ever been appointed—whether they have ever made such a report—you would confer a favour on many who have been induced to believe that report to be a "hoax," if you could inform the public of its authenticity. Yours,

A SUBSCRIBER AND ATTENTIVE READER.

It is sufficient to say, in reply to our correspondent, that most, if not all,

the allegations contained in the preceding letter are devoid of foundation. We have at this time before us a copy of the original "*Rapport sur le Magnétisme*, par une Commission composée de MM. Bouillaud, H. Cloquet, Caventou, Cornac, Emery, Oudet, Pelletier, Roux, et Dubois (d'Amiens), rapporteur."

The authenticity of the report is questioned by those only who are unwilling to receive its—to them—unpalatable truths.—*Ed.*

#### ART. IV.—LIGATURE OF THE PRIMARY ILIAC ARTERY, NEAR THE BIFURCATION OF THE AORTA.

PERFORMED WITH SUCCESS BY PROFESSOR SALOMON, OF ST. PETERSBURG.<sup>1</sup>

Ligature of the primary iliac for aneurism of the external iliac artery, has, as far as we know, been performed three times. The first operation was successful in the hands of Dr. Valentine Mott, of New York; the second was performed by Mr. Crampton, of Dublin, but the patient died of hemorrhage on the eighth day. In the third case, Mr. Guthrie tied the common iliac, for supposed aneurism, which, after the patient's death, turned out to have been fungus hæmatodes. We are happy in being able to communicate a second successful example of this formidable operation, which was recently performed at St. Petersburg, by M. Salomon.

Luc Padurbusr, thirty-eight years of age, of good constitution, had received, six months before his entrance into the hospital, a kick from a horse in the left groin; shortly after the injury a tumour appeared in the inguinal region, and increased so rapidly as to impede progression, within a short period of its appearance. The patient was transferred to a clinical ward on the 24th of May, 1837, and on examination the following particulars were noted:—Voluminous tumour, occupying the left inguinal region, not well defined; it extends four finger-breadths below Poupart's ligament, and as many above it; externally it reaches the anterior superior spine of the ileum, and internally it touches the linea alba and pubis. The pulsations of the tumour are very perceptible to the eye and touch; they are strongest at about two inches above the ligament; here the skin is very much distended and thin; the stethoscope detects a bellows-sound. The tumour can be traced into the abdominal cavity, along the line of the external iliac artery, as far as its origin; on compressing the abdominal aorta the tumour becomes smaller, and its pulsations cease. The patient keeps the thigh flexed; the least attempt at extension causes severe pain, which shoots along the external side of the thigh to the ham and leg. Pulse quick and full. The nature of the disease, and the necessity of an operation being manifest, the latter was performed on the 26th of May, in the following manner:—

An incision, four and a half inches long, was made, on the left side of the abdomen, extending from the anterior superior spine of the ileum, to within an inch of the last false rib. The incision was commenced at an inch on the inner side of the spinous process, and ran in a parallel direction with the inferior (*internal*) epigastric artery. The superficial fascia and the fleshy fibres of the abdominal muscles were next divided in the same direction, and Cooper's fascia brought into view. A small opening having been made into this fascia, it was divided for some extent, at a lower part of the wound. The peritoneum now lay bare, and was carefully separated, with the finger, from the fascia covering the iliacus muscle, and then from the psoas muscle. An assistant now fixed the peritoneum and intestines, by pressing them with the index finger against the upper part of the wound,

<sup>1</sup> London Lancet, Feb. 10, 1838, p. 709.

and this done, the operator continued to separate the peritoneum, until he arrived at the common iliac artery: the pulsations of the vessel, which appeared to be healthy, were distinctly felt under the finger. Having ascertained, with precision, the exact direction of the artery by means of the touch (for it was impossible to see it in the bottom of the wound), the operator now separated the iliac vein from the artery with the left index finger, and then succeeded in passing an aneurismal needle along the same finger, under the artery. The vessel was completely isolated from surrounding parts, with the aid of the needle, and then by means of Deschamps' elastic needle, a ligature was passed round it, from the inner to the outer side. The ends of the ligature were tightened with the common double knot, and brought out at the nearest part of the wound. This step of the operation was not attended with any difficulty. On tying the knot pulsation ceased in the tumour, and it rapidly diminished in volume. The edges of the wound were brought together by strips of adhesive plaster; some pledgets of lint were placed along it, and the whole supported by a common bandage. The patient lost very little blood during the operation, as none of the vessels divided required a ligature.

On the evening of the 26th the pulse was quick and full, but the patient expressed himself much relieved. Fourteen ounces of blood were taken from the arm, and fifteen drops of laurel-water administered every three hours. Lemonade for drink; draught containing cream of tartar at night.

27th. Pulse quick; no stool. An evacuation was produced by the administration of some castor oil. The lower extremity, which was at first cold, is now warm. The patient now complains of pain in the inner side of the knee, which is swollen, hot, and red; ten leeches to the affected part; warm fomentations.

29th. The inflammation of the knee has diminished; the skin here is much cooler than on the 27th; a superficial gangrenous eschar has formed over the fifth metatarsal bone. Some lint, moistened with spirits of turpentine and camphorated spirit of wine, was immediately applied to this point. The general condition of the patient is favourable; he has slept several hours; pulse less quick.

30th. The patient has slept tranquilly during the night, and feels himself strong; pulse soft, eighty; skin cool; tongue clean; stools natural; the left lower extremity is warm; the aneurismal tumour has considerably diminished in size. On removing the dressings the wound presents a favourable aspect; the greater portion of it is united by the first intention; a small portion near the ligature furnishes pus, which is of good condition. As the swelling at the knee had again become painful, twelve leeches were applied.

31st. Has passed a quiet night; the knee less painful; the eschar on the foot is limited, but a similar eschar has formed over the skin covering the patella, which is inflamed. Suppuration of the wound continues slight.

June 2d. Tumefaction of the knee is more painful; twelve leeches applied, which removed it altogether. Another small superficial eschar occupies the external part of the sole of the foot. The general condition of the patient, and that of the wound, are most satisfactory.

From this period the patient continued to improve, and near the end of June the tumour had subsided to one quarter of its original volume, being converted into a hard solid mass. The temperature and sensibility of the limb were normal, except at the toes and sole of the foot, which still remained numbed. The whole of the gangrenous spots are healed. On the thirty-second day after the operation the ligature came away, and the wound then quickly healed in its whole extent. At the expiration of two months the patient was completely cured.

The principal difficulty which the operator has to overcome in taking up the primary iliac, depends on the depth at which the vessel is situate in the cavity of the abdomen. M. Salomon considers the incision, which he made parallel to the epigastric artery, as the most eligible one, inasmuch as it permits the surgeon to get at the vessel easily, without separating too much



of the peritoneum. Dr. Valentine Mott made a semilunar incision, similar to the one which Sir A. Cooper recommends for ligature of the external iliac. Other surgeons advise us to make the incision along the spine of the ileum, but this method renders it very difficult to pass a needle round the artery, and compels the operator to separate the peritoneum to a great extent.—*French Gazette*, No. 52, 1837.

## BIBLIOGRAPHICAL NOTICES.

### *Blakiston on the Influenza.*<sup>1</sup>

This is esteemed one of the best essays that has been published on the "grippe," and had it appeared earlier, when anxiety was felt lest the malady should visit this hemisphere, we should have reprinted it.

As all danger is now over, we shall merely notice the book, in case that some of our readers may hereafter have to refer to a good record of the epidemic of 1837.

The author considers that "the following conclusions seem to result" from his investigation:—

"1. The influenza, as observed at Birmingham, is an affection of the nervous system, with its concomitant derangement in the organs of digestion, circulation, &c., commonly known under the name *nervous fever*; accompanied, *throughout its whole course*, by irritation of the pulmonary mucous membrane.

"2. This irritation, not unfrequently, amounted to congestion, and even to inflammation.

"3. The influenza was modified by pre-existing disease, more particularly by chronic bronchitis, the subjects of which were rendered liable to the acute form of that disease.

"4. Neither locality, previous habits, or diet, acted as predisposing causes.

"5. In simple, uncomplicated cases, mild treatment alone was sufficient.

"6. When bronchitis was present, counter-irritation, and large doses of ethereal tincture of lobelia, repeated at short intervals, seemed useful.

"7. Venesection was always counter-indicated.

"8. It was often necessary to have recourse to diffusible stimulants at the commencement of the complaint, and to administer tonic medicines in an early stage of it.

"9. It only proved fatal in those cases where the persons it attacked had been enfeebled by old age or chronic disease."—p. 60.

### *Woodward's Report of the Lunatic Hospital at Worcester, Mass.*<sup>2</sup>

We call this the report of Dr. Woodward, inasmuch as almost all of it proceeds from him. It is characterised by the same sound sense and excellent observation which we had to commend some months ago.<sup>3</sup>

The report contains, amongst other matters, tables showing the compara-

<sup>1</sup> A Treatise on the Influenza of 1837, containing an analysis of one hundred cases, observed at Birmingham, between the first of January and the fifteenth of February. By Peyton Blakiston, M. A., Med. Lic. Cantab., Physician to the Birmingham Dispensary and to the Magdalen Asylum, &c., with a motto. 8vo, pp. 60. London, 1837.

<sup>2</sup> Fifth Annual Report of the Trustees of the State Lunatic Hospital at Worcester, Dec., 1837. 8vo, pp. 71.

<sup>3</sup> Intelligencer, vol. i., p. 306.

tive curability of insanity attacking at different ages; of the comparative curability of cases treated at different periods of insanity; of the causes of insanity; of the relation between the paroxysms and state of the moon; of the classification of cases; and of the relation between cause and recovery.

The remarks appended to those tables by Dr. Woodward are judicious and appropriate.

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*Wolff on Auscultation and Percussion.*<sup>1</sup>

The anxiety of those of our readers who are alive to every production relating to these interesting subjects might lead them to desire to possess the work before us. We think it well, therefore, to caution them. We find nothing in it which has not been better told elsewhere, unless it be perhaps a letter from Sir Anthony Carlisle—to whom the volume is dedicated—containing what Dr. Wolff calls, “some valuable observations of my friend, Sir Anthony Carlisle, illustrative of his views of the subject of acoustics.”

To us the “observations” seem to possess no value whatever; but rather to belong to that figure of speech—if it may be so called—to which the moderns have applied the term “twaddle.”

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*Curious Case of a Sixth Dentition.* By M. LISON, M. D.<sup>2</sup>—Nature follows in the majority of cases a uniform and regular progress in the work of dentition. It is not rare, however, to see her wander from her route without any serious inconveniences to the child.

Thus, although the appearance of the first teeth does not commence till near the sixth month after birth, children are known sometimes to be born with some incisors; others, on the contrary, do not begin to cut the same teeth till the end of one, two, or three years, and even later. But at a more advanced age all becomes regular, and those who presented a tardy dentition are equally advanced with those whose dentition had been premature.

Some incisors present also many anomalies with respect to the number of the teeth both in the first and second dentition. I shall not enlarge on this subject, of which a large volume might be made. Besides, authors have published a great many curious cases, which may be easily consulted.<sup>3</sup> Individuals are mentioned who have had a double row of upper and lower teeth, and even a still greater number. Others have had much fewer than are commonly allowed us by nature, whilst some have not had any during their whole life.

Teeth also present great irregularities in their position, their implantation. Some, and especially the last molars, called the wisdom teeth, do not always issue from the alveoli, and remain buried during life in the maxillary bones. These same teeth may also be often planted in many different and anormal manners, for example, the root uppermost and the crown in the opposite direction.

These small bones have been seen but very seldom, it is true, to occupy sites for which they are not destined. They have been met with in the palatine arch, in the cheek bone, the maxillary sinuses, the orbit, the stomach, the womb, and in the ovaries.

<sup>1</sup> On the Use of Auscultation and Percussion in the Diagnosis of Diseases of the Organs of Respiration and Circulation, with directions for the employment of inspection, succussion, palpation, and mensuration of the thorax. By Julius Wolff, M. D., Member of the Royal Colleges of Göttingen, Heidelberg, &c. 8vo, pp. 200. London, 1837.

<sup>2</sup> Bulletin Générale de Thérapeutique, No. 18, Sept. 30, 1837.

<sup>3</sup> Vide the thesis of M. Blandin, of the Hôtel-Dieu, presented to the *concours* for a chair of anatomy. Paris, 1836. It is a rapid and luminous epitome of all that has been written and discovered on the teeth up to this day.

Persons unacquainted with medicine do not know that children undergo two dentitions. The first, beginning shortly after birth, furnishes twenty teeth, called deciduous, temporary, infantile, or milk teeth; and the second, ordinarily commencing at the seventh year, not only furnishes twenty teeth which replace the deciduous, but gives also twelve others, of which four, the last molars, called wisdom teeth, do not issue till about the twentieth year, sooner or later: this completes the number of thirty-two teeth allotted to the human species. To this the work of nature is commonly limited.

Authors, however, mention individuals of all ages in whom teeth fallen out or extracted have been pushed out a third and even a fourth time; but these dentitions are almost always incomplete; it is an isolated renewal of some teeth more hurtful than useful to old persons. We find, also, but doubtless much more rarely, cases of a third<sup>1</sup> and even a fourth<sup>2</sup> entire dentition; that is to say, in which all the teeth of the series have been complete.

I have at present under my observation, in the country, where I reside, a child nearly thirteen years of age, whom I have seen brought up since her birth, and who is now commencing a sixth dentition. This case, without being very instructive, I thought ought to be published, because I believe it unique in science, and that it possesses every desirable authenticity.

Eugenia Cavillon, now in the middle of her thirteenth year, born of young and healthy parents, healthy and of good constitution, had reached her ninth year without accident, and about this period finished her second dentition. Soon after several of her teeth became loose and were replaced by new teeth; the twenty-eight teeth were renewed in a short space of time. At ten or eleven years the same phenomena recurred a second time. From the eleventh to the twelfth year the same shedding of all the teeth occurred, and the same replacing by new teeth; and now that the child has attained her thirteenth year a sixth dentition has commenced; the first large right inferior molar tooth has been pushed out by a similar one already quite visible.

The teeth shed have no root; they are worn, corroded, and destroyed. The loss of one set and the appearance of the other take place in the ordinary manner. The child is in good health and experiences no derangement. The gums, the seat of a constant process, are slightly red and swollen. The teeth are small, white, and regularly set.

I look upon this example of sixth dentition as the only one which has been published: and can we rationally affirm now that other dentitions may not succeed in this young child?

*Union of the Gums and Cheek cured by Operation.*—Casper's journal,<sup>3</sup> of May last, contains a case of this sort produced in a child of three years by excessive salivation. Nine years elapsed before any attempt was made to effect a cure. On examination the teeth could only be so far separated as to admit the handle of a teaspoon between the two jaws. The attachment on each side was formed by a sort of ligamentary mass, which, commencing at the first molar tooth, extended about an inch back into the mouth, and had about the same dimension in height. This broad cicatrix had entirely prevented the separation of the teeth and consequently the mastication of the food, so that the patient had been wholly debarred the use of any solid aliment. The operation consisted in first separating the cicatrix from the gum, on each side, and some days after removing a portion of each cicatrix and cauterising the wounds. The success was complete, the power of masticating solids being entirely restored.

<sup>1</sup> Fauchart, in his work entitled "*Le Chirurgien-Dentiste.*"

<sup>2</sup> Eustachius.

<sup>3</sup> *Wochenschrift für die gesammte Heilkunde.* Mai 27, 1837.

**Atrophy of the Heart.**—Professor Albers, of Bonn, reports a case of this disease,<sup>1</sup> in which post-mortem examination gave the following result. *Chest.*—The heart was small, flaccid, and of a dark red, or reddish-brown hue. The whole organ, after removing the large bloodvessels, weighed two and a half ounces. The wall of the left ventricle measured two lines, of the right about one. The cavities were empty; the muscular substance soft; the columnæ carneæ in the left ventricle so thin that the thickest did not exceed one quarter of a line. This total atrophy of the heart is a rare occurrence.

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**Uniformity of Surgical Diseases.**<sup>2</sup>—The following is a tabular view of the number of men rejected by recruiting surgeons in France during the three successive years 1831, 1832, 1833. The remarkable fact developed is the uniformity of the proportions even in regard to those accidents which, by their nature, would seem to be most uncertain in their occurrence.

Loss of fingers, 752, 647, 743; do. of toes, 1304, 1243, 1392; do. of other limbs, 1605, 1530, 1580; deaf-mutes, 830, 736, 725; wens, 1125, 1231, 1298; limp, 949, 912, 1049; other deformities, 8000, 7630, 8394; diseased bones, 782, 617, 667; near-sight, 948, 891, 920; diseases of eye, 1726, 1714, 1839; itch, 11, 10, 10; scald, 749, 800, 794; tinea, 57, 19, 29; other skin diseases, 937, 983, 895; scrofula, 1730, 1539, 1272; chest diseases, 561, 423, 859; rupture, 4044, 3579, 4222; epilepsy, 463, 367, 342; other diseases, 9168, 9058, 10,286; debility, 11,783, 9979, 11,259; under size, 15,935, 14,962, 15,078.

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**Poisoning with Morphine.**—A Berlin journal<sup>3</sup> contains an account of some very severe symptoms produced in an old lady of sixty-three by the endermic application of morphia. The article was applied to the two sides of the cervical vertebræ, the surface having been denuded of the cuticle by blistering. The first applications were followed by a marked relief of the local spasmodic affection on account of which they were made. The experiment was several times repeated with the same happy result, the quantity of morphine strewed over the blistered surface amounting to half a grain. On the occasion referred to, however, the patient had persuaded her attendant to increase the amount very considerably, in the hope that by so doing she should realise a more durable benefit. The effects which ensued in the course of about two hours, were convulsive agitations over the whole surface of the body, cold sweat, dyspnœa, insupportable anxiety, and threatened suffocation. By administering strong coffee, by frictions, enemata, &c., relief was procured, and the recovery of the patient, though slow, was complete.

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**Ileus, cured by Endermic Treatment.**<sup>4</sup>—In a case of ileus, occurring in the second month of pregnancy, and which had gone on to the sixth day, Dr. Susewind, of Lützerath, ordered a mixture of nine drops of croton oil with half an ounce of almond oil, to be rubbed over the abdomen, one third part at a time, at intervals of six hours. The third inunction brought away abundant offensive evacuations, and relieved the patient.

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**Novel Operation.**—A case is reported in a recent German journal<sup>5</sup> in which spasms of the sterno-mastoid muscle, of long standing, were finally relieved by the successive division first of the sternal and secondly of the clavicular portion of this muscle by the knife.

<sup>1</sup> *Wochenschrift für die gesammte Heilkunde.* Dec. 17, 1836.

<sup>2</sup> *Ibid.*    <sup>3</sup> *Ibid*, Jun. 24, 1837.    <sup>4</sup> *Ibid*, Jun. 24, 1837.    <sup>5</sup> *Ibid*, Aug. 12, 1837.

*A Ball remaining in the Head Eighteen Years.*<sup>1</sup>—A cavalry officer was wounded, in 1813, at the battle of Kulm, severely on the forehead. His life was some time despaired of, but he at length recovered, though with a marked depression at the part of the forehead injured. A sense of pressure within the head was the principal distinct symptom complained of; but the patient insisted, contrary to the opinion of his medical friends, that the ball remained within the skull. On examination after death, which took place eighteen years after the injury, the ball was found above the orbital part of the os frontis on the right side. It was necessary in extracting it to employ much force, and to remove with it a piece of the os frontis.

*Louisville Medical Institute.*—At a public commencement held on Friday the 2d of March, 1838, the degree of Doctor of Medicine was conferred on the following gentlemen:—

James Seanderson Athon, of Indiana, on *Sanguinaria Canadensis*.  
 John Barry, of Indiana, on Rheumatism.  
 James M. Bemiss, of Kentucky, on Blood-letting.  
 Joseph M. Brooks, of Kentucky, on Creosote.  
 Patrick H. Cochran, of Kentucky, on Dysentery.  
 Lemuel N. M. Cook, of Tennessee, a Review of the Lectures of Prof. Cooke.  
 Stephen Cooke, of Kentucky, on Digestion.  
 Samuel C. Cowan, of Alabama, on Phlegmasia Dolens.  
 William Forrester, of Kentucky, on the Fevers of Jefferson county, Kentucky.  
 Willis Wallace Goodwin, of Indiana, on Intermittent Fever.  
 Orville R. Grant, of Kentucky, on the *Modus Operandi* of Medicines.

John E. Jackson, of Mississippi, on Malignant Congestive Fever.  
 William Johnston, of Kentucky, on Gonorrhœa.  
 William Kellar, of Illinois, on Fever.  
 William C. Kindel, of Mississippi, on the Use of Sinapisms in Fever.  
 John M. Leech, of Illinois, on Emetics.  
 Thomas Johnston Montgomery, of Kentucky, on Metritis.  
 Henry Murray, of Ohio, on the Importance of a Practical Knowledge of Anatomy.  
 John E. Park, of Georgia, on Puerperal Fever.  
 Jesse H. Rodman, of Kentucky, on the Function of the Spleen.  
 John S. Seaton, of Kentucky, on Dysentery.  
 William K. Sloane, of Kentucky, on Dysentery.  
 Henry M. Wakefield, of Kentucky, on Emetics.  
 Richard C. Wyatt, of Tennessee, on Generation.

The honorary degree of M. D. was conferred upon the following gentlemen, viz.:—Samuel C. McWhirter, of Wilson county, Tennessee, and John M. Talbot, of Louisville, Kentucky.

L. P. YANDELL, M. D., Dean, &c.

*Medical Department of the Cincinnati College.*—The catalogue of this institution exhibits that there were one hundred and twenty-five students in attendance during the last session, of whom fifty-seven were from Ohio; fourteen from Kentucky; five from Tennessee; three from Pennsylvania; four from Mississippi; one from Missouri; one from North Carolina; eighteen from Alabama; nine from Indiana; six from Virginia; four from Illinois; two from New England: and one from New York.

At the public commencement, on the 3d of March, 1838, the degree of Doctor of Medicine was conferred on the following alumni:—

*Ohio.*—Abel Carey, Erastus S. Close, Edwin H. Davis, Eli Dayton, John Evans, Elias Garst, John B. Jewett, Edward Kimball, Joseph Redhead, John A. Young.

*Alabama.*—William J. P. Haughton, Jonathan Macdonald, John McNeill, John C. Spotswood.

*Kentucky.*—John S. Alexander, John H. Grant, William Peyton.

*Illinois.*—Francis W. Todd, Wilkins Watson, Anson G. Henry.

*Indiana.*—Tibia Casterline, Thomas W. Colescott.

*Mississippi.*—Alexander H. Petet.

<sup>1</sup> Zedler, in *Wochenschrift für die gesammte Heilkunde*, Aug. 12, 1837.

*New Work on New Remedies.*—The editor of this Journal has nearly ready for the press a work on the remedies of modern introduction; their physical and chemical properties; the methods for preparing them; their effects on the healthy and diseased organism; and their therapeutical application, with appropriate prescriptions.

*Medical College of the State of South Carolina.*—The annual catalogue of this institution exhibits it to be in a flourishing condition. The number of students during the last session was one hundred and forty-one, of whom one hundred and two were from South Carolina; sixteen from Georgia; ten from Alabama; six from North Carolina; two from Florida; one from Mississippi; one from Tennessee; one from Virginia; one from Massachusetts; and one from Maine.

*Transylvania Medical School.*—We find we were in error in stating, that the lectures, which the late Professor Eberle was unable to deliver, were undertaken by Professors Dudley and Cross.<sup>1</sup> We learn that the office was supplied by Professors Mitchell, Short, and Cross.

*Case of a Female with four Mammæ and Nipples.* By Robt. Lee, M. D., F. R. S., Physician to the British Lying-in Hospital, and Lecturer on Midwifery at St. George's Hospital.

The individual in whom the above-mentioned peculiarity presented itself was thirty-five years of age, and was prematurely delivered of a still-born child on the 20th of July, 1835. The mammæ having afterwards become excessively painful and distended, she was compelled to permit the author to make an examination of them, by which it was discovered that she had two mammæ and two nipples on each side. The inferior or pectoral mammæ were fully developed, and in the natural situation, and their nipples, areolæ, and glands, presented nothing unusual in their appearance. Near the anterior margins of the axilla, a little higher up on each side, was situated another mamma, about one sixth the size of the others. The nipples of these were small and flat, but when gently pressed, a milky fluid flowed copiously from several ducts which opened upon their extremities. When milk was drawn from the lower breasts, a small quantity usually escaped from the nipples of the upper, and when the draught came into the former, the latter invariably became hard and distended. From the flatness of the nipples of the upper breasts, the patient had never been able to suckle with them.<sup>2</sup>

*Case in which the Parotid Gland was Extirpated.* By C. Widmar, Esq., Surgeon to the Forces, U. C.

An elliptical incision having been made in the integuments of the most prominent point of the tumour, its removal was effected without much difficulty, and with very little loss of blood,—the facility being attributed by the author to the adoption of the method of separating the mass from the lower part upwards. The external jugular vein and external carotid artery being necessarily divided, were immediately secured by ligatures,—the latter being tied at both ends. When the removal of the mass had been entirely accomplished, the styloid process and the transverse process of the atlas, were exposed to view. The result of the operation was quite favourable, the wound being entirely healed in six weeks.<sup>3</sup>

<sup>1</sup> *Intelligencer*, for March 1, 1838, p. 422.

<sup>2</sup> *Lancet*, Jan. 27, 1838, p. 642.

<sup>3</sup> *Ibid.*

*Two Cases of Tumours Pressing upon the Superior Vena Cava, causing Edema of the Face and Superior Extremities.* By John Wilson, M. D., Physician to the Middlesex Hospital, London.

In the first case here related, the compression of the vein was the consequence of an aneurism of the arteria innominata, the sac of which was found to contain a firm mass of fibrine. The vena cava superior was in contact with the sac, and communicated with it by a small opening. Portions of fibrine were found in the vein, which was, however, still pervious.

The obstruction of the vena cava, in the other instance related, arose from the pressure of a tumour of large size and anomalous structure, which completely surrounded the vein. The head of the pancreas was in this case enlarged to the diameter of four inches.<sup>1</sup>

### BOOKS RECEIVED.

*From Prof. Vandell*, of the Louisville Medical Institute.—A List of the Graduates during the last Session.

*From Dr. Woodward*.—Fifth Annual Report of the Trustees of the State Lunatic Hospital at Worcester, Dec., 1837, 8vo, pp. 71. Boston, 1838.

*From J. A. W.*—A Catalogue of the Officers and Students of the Cincinnati College, in its Medical, Law, and Academical Departments, for 1837–8. Second edition; containing the catalogue of graduates in medicine and law for 1838. Published annually by the Board of Trustees. 8vo, pp. 16. Cincinnati, 1838.

Encyklopädie der gesammten Medicinischen und Chirurgischen Praxis, u. s. w. Von Georg Friedrich Most, u. s. w. Zweite stark vermehrte und verbesserte Auflage; Zehntes, elftes und zwölftes Heft, 8vo. Leipzig, 1837.

Friedrich Hildebrandts Handbuch der Anatomie des Menschen, von E. H. Weber, u. s. w. 8vo, band 4. Braunschweig, 1830, 1832.

Die Physiologie als Erfahrungswissenschaft. Von K. F. Burdach. Erster Band (Zweite Auflage). 8vo, S. 676. Leipzig, 1835. Vierter Band. 8vo, S. 495. Leipzig, 1832: und funfter Band. 8vo, S. 730. Leipzig, 1835.

*From an Unknown Correspondent*.—The Lexington Intelligencer, for March 20th, 1838; containing a complimentary correspondence between Professor Mitchell and sundry graduates of Transylvania.

*From Prof. Geddings*, the Dean.—Catalogue of the Students attending Lectures in the Medical College of the state of South Carolina. Session 1837–38. 8vo, pp. 8. Charleston, 1838.

*From the Publishers* [?].—Lectures on Lithotomy, delivered at the New York Hospital, Dec., 1837. By Alex. H. Stevens, M. D., Surgeon of the New York Hospital, and Emeritus Professor of Clinical Surgery. 8vo, pp. 93. (Five lithographs). New York, 1838.

On the Temperature of Insects, and its connection with the functions of respiration and circulation of invertebrated animals. By Geo. Newport, Esq., Member of the Royal College of Surgeons, &c., (from the Philosophical Transactions, p. 2, for 1837.) 4to, pp. 338. London, 1837.

On the Nature and Treatment of Diseases of the Heart; with some new views of the physiology of the circulation. By James Wardrop, M. D., Surgeon to his late majesty, George IV., &c. 8vo, pp. 120, and four plates. London, 1837.

The Teeth a Test of Age, considered with reference to the factory children. Addressed to the members of both houses of parliament. By Edwin Saunders, Fellow of the Medico-Botanical Society, &c. 8vo, pp. 76. London, 1837.

<sup>1</sup> Lancet, Jan. 27, 1838, p. 642.

## AMERICAN MEDICAL INTELLIGENCER.

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No. 2.

## ART. I.—OBSERVATIONS ON THE EMPLOYMENT OF CARBONIC ACID GAS AS A THERAPEUTIC AGENT.

BY WM. R. FISHER, M. D.,

Professor of Chemistry and Pharmacy in the University of Maryland.

In the twenty-third number of the first volume of the "American Medical Intelligencer," (pp. 415 to 417,) occurs an abstract from the memoir of Dr. Furnari, relative to the employment of carbonic acid gas in medicine. In this abstract the use of fumigations of this gas to various diseased tissues is spoken of, and the intra-vaginal employment of it in amenorrhœa and other uterine diseases warmly recommended. It is not my purpose to comment either upon the pathological considerations which have induced this practice, or to offer any views as to its efficacy; but an apprehension lest some injury may result from the application of the gas to tissues of such delicacy and sensibility, unless the administration be attended with proper precautions, induces me to ask the attention of the profession of this country to the following considerations. The danger, which I apprehend, may arise from the following paragraph,—“These fumigations are prepared, in cases of uterine pains, by receiving into the vagina the free extremity of a gum-elastic canula, surmounted with a nipple-like end, through which is passed carbonic acid gas, which is disengaged from carbonate of lime by means of dilute sulphuric or hydrochloric acid.” . . . . . “Nothing is more simple, less expensive, and more easy to practise than this operation.”

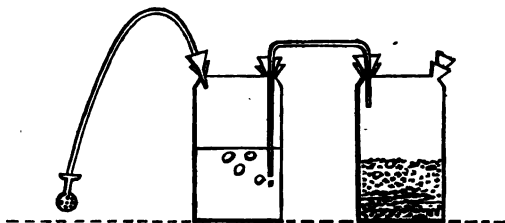
It is true enough that there is no simpler operation in chemistry than the disengagement of carbonic acid gas, and the subsequent distribution of it in any direction by means of an elastic tube; but did the author bear in mind that nascent gases, especially those resulting from the action of an acid, always carry over with them large quantities of the acid in the form of vapour, intimately associated with every bubble that rises? Is there not room for apprehension, that the gas fresh from the materials, to the reaction of which its escape is due, will carry over a sufficient quantity of the mineral acid to act, if not as an escharotic, at least as a powerful rubefacient or stimulant to the delicate tissues for whose advantage it is directed to be employed?

So great have been my apprehensions upon this subject that I have felt it my duty to caution the profession against this effect immediately upon the perusal of the paragraph quoted; and I am induced at the same time to suggest a means by which the efficacy may be tested, without exposing the patient to the risk of injury from the direct action of the strong mineral acids.

It is essential that the gas employed for this purpose should be perfectly free from the sulphuric or hydrochloric acids, by means of which it is liberated from its solid compound; and this degree of purity can only be accomplished by washing the gas in water. The employment of an apparatus for this purpose may be somewhat inconvenient in the country; but it would be far better to abstain from the use of the gas altogether than to incur the



risk of irritation, or even inflammation which might ensue from its employment in an unwashed state. I shall endeavour to arrange some simple apparatus for this purpose, in which if I should be successful I will forward you a drawing and description of it. At present, the only means which suggests itself is to employ for the purpose Woulfe's bottles, connected with each other by a bent tube, as in the annexed woodcut. In the one, the carbonate of lime is to be placed; in the other, water enough to cover the end of the bent tube which connects the bottles. The elastic tube should then be connected with the open mouth of the second bottle, in which the water is contained; and the whole apparatus being prepared, the dilute acid may be poured into the first bottle containing the carbonate of lime; the mouth of the bottle being immediately closed. Effervescence will immediately take place, and the gas proceeding through the bent tube will be compelled to pass through the water in the second bottle, be deprived of all contamination, and forced out of the elastic tube by the pressure from behind, arising from the constantly accumulating pressure in the bottle wherein it is disengaged.



The chief difficulty attending the use of this would be obtaining the Woulfe's bottles; in all other respects no improvement or simplification would be required. The patient could readily perform all the manipulations herself after having been once instructed in the proper proportions of the materials to be employed.

A word or two as regards the acid to be used. Hydrochloric acid is decidedly preferable to sulphuric acid on account of its yielding a soluble salt with lime, which may be removed from the generator with far greater ease than the heavy, adhesive, insoluble sulphate, and on this account it should always be employed. The quantity of carbonic acid yielded by limestone or chalk, if of tolerable purity, is always the same, whatever be the acid employed; and I annex the quantity by weight which is required to produce a gallon of carbonic acid gas at the average temperature of 60° F.; should the temperature range above 60° F. the volume of gas will be somewhat increased. The paper from which I quote the above paragraphs, gives no idea of the quantity of gas required; but it is decidedly an advantage to the correct observer to be acquainted with the exact amount employed, as he may thereby be enabled not only to form a much more correct estimate of its influence, but to increase or diminish the quantity in definite proportions as the indication may require.

In large cities, where carbonated waters are manufactured on a large scale, the most easy plan of all to obtain the use of this new therapeutic agent, and in a perfectly pure condition, is to affix the elastic tube to a bottle of soda water, as it is called, and having introduced the canula into the vagina, to compel the gas to pass over by immersing the bottle in a basin of boiling water, by which means a quantity of gas would be obtained equal to about five times the volume of the soda water employed.

The exact quantity of pure carbonate of lime required to furnish a gallon of carbonic acid is 242.86 grs., near enough to half an ounce, to allow that weight to be substituted for it. To decompose this quantity a fluid ounce of

common muriatic acid will be sufficient. By adopting these proportions the gas may be administered in definite doses, as it were, and its effects be much more satisfactorily observed and determined.

*Baltimore, April 2d, 1838.*

We have cheerfully inserted the preceding communication, although we apprehend that the fears of our intelligent correspondent are unnecessary. No inconvenience of the kind which he describes appears to have followed the administration of the carbonic acid gas in the manner advised by Furnari and others. Still the plan suggested by Dr. Fisher obviates all possible objections. We have not yet used the gas in the cases referred to; but being aware that our friend, Dr. Mütter, of this city, had employed it in one case—disengaged in the simple manner advised by Furnari—we requested him to inform us of the results, and received from him the following reply:—*Ed.*

April 5th, 1838.

Dear Dr.—Your note requesting some information relative to the modus agendi of the carbonic acid gas fumigations has just been received.

I regret that my experience in the use of this agent is limited to a single case, the one to which I alluded in the conversation I had with you some time since on this subject.

In the case of Miss H. (difficult menstruation) I employed the apparatus constructed for me by Mr. F. Brown, and which I believe you saw. The tube through which the gas escaped was introduced into the vagina, and allowed to remain at each application *ten minutes*, during which period there was a copious evolution of the gas.

*So far from producing any disagreeable consequences, its application was succeeded by the most striking relief.*

I particularly requested her to state whether or not she suffered *pain* or *soreness* in the vagina or womb during the evolution of the gas, or after the instrument had been withdrawn, and received as an answer, "that there was nothing of the kind."

It would appear that the action of the gas is chiefly *local*, (at least when applied for a short time), for there was no *perceptible* alteration in any of the organic functions after its use in the case of Miss H.

I cannot of course deny the *possibility* of injurious effects succeeding to the *improper* use of this remedy, but judging from the statements of Mojon and Furnari, and from the results in the single case referred to, I should be very loth to believe that such would be the case where its application was directed with care and judgment. Very truly yours,

THOS. D. MUTTER.

*Prof. Dunglison.*

## ART. II.—SYMPATHY BETWEEN THE MAMMÆ AND UTERUS IN REPRODUCTION.

BY RICHARD CLARKE, M. D., OF UNION TOWN, S. ALABAMA.

*Professor Dunglison.*

Union Town, Feb. 12, 1838.

Dear Sir,—A very remarkable fact came under my observation which I take the liberty to communicate to you without comment.

A lady in this vicinity, who had never borne a child, was requested to take charge of an infant during the illness of its mother. In the course of the night, the infant becoming restless and fretful, the lady, to quiet it, put her nipple into its mouth; this was done from time to time till the child brought her to her milk. Some time afterwards she conceived, and at the expiration of the usual term was delivered of a fine large child. This circumstance would not, perhaps, have made any impression on my mind but

for an instance strikingly similar, which occurred, previous to my departure from Virginia, on the plantation of my brother, who is witness to the fact.

He owned a terrier slut that lived to be some seven or eight years old before she would receive the dog. My brother's son, on one occasion, carried home a puppy, towards which the slut evinced the greatest fondness, and would allow it to suck. A short time afterwards she gave milk; then, and not till then, she manifested great inclination to go to the dog; she conceived, but died before bringing forth a litter of puppies.

The cases above cited derive additional support from one detailed to me as coming under the observation of Doctor Watkins Vaughan, of this state.

To what may this be attributed? Ordinarily, females are not so apt to conceive during lactation as before or afterwards. Yet in the cases above instanced it appears that conception was dependent on lactation. These facts may afford you some matter for speculation, as well as be of importance to those persons who are desirous of having offspring. If not too troublesome I would be thankful for your views on this subject.

Respectfully, your obedient servant,

RICHARD CLARKE, M. D.

The preceding communication is interesting as exhibiting, in another form, the intimate and mysterious sympathy that exists between the mamme and the uterus. We are not aware that any cases are on record of a similar kind to those detailed by our correspondent. Should any such have fallen under the observation of our readers, we shall feel thankful for a notice of them.—*Ed.*

### ART. III.—REMARKS ON A CASE OF ALLEGED IGNORANCE AND MALPRAXIS.

BY JOHN ROLPH, M. D., LATELY OF TORONTO, U. C., NOW OF NEW YORK.

The learned editor of the "*American Medical Library and Intelligencer*," has inserted in his valuable publication, No. 19,<sup>1</sup> the report of a trial, styled the *Queen vs. Flint L. Keyes*, furnished him by Dr. Thomas Rolph, practising at Ancaster, in Upper Canada. It was published in detail as one "of importance in medical jurisprudence;" and a portion of its importance properly arises from the instructive nature and character of the medical testimony. It is therefore presumed the following stricture will not be deemed irrelevant.

Dr. Thomas Rolph, as a witness on this trial, gave his decided opinion that the death of the child was caused by the injury inflicted on the scalp.

This is bold evidence. The scalp and pericranium are not organs so intimately connected with life as to render even their exterior laceration, independent of any other injury, immediately or commonly fatal. In the instance under review, the wound, according to the witness, "was of an inch in length on the left parietal bone." It would require undue credulity to believe, that alone it constituted "a mortal injury;" and the subsequent effusion of blood (a common result) into the cellular connections between the scalp and the occipito-frontalis, to the amount of two ounces of coagulum, while the child was connected with the placenta, could by no means so aggravate the mischief as to make it presently fatal. And giving the witness the full further benefit of a "bruised appearance extending from the wound to the neck," ascribed by Dr. Craigie to the forceps' blade, there is still very far from enough, even adding indentations on the bone, to warrant us in pronouncing it "sufficient evidence of existing mortal injury."

<sup>1</sup> *Intelligencer* for Jan. 1, 1836, p. 347.

Extensive denudation of the pericranium of adults from wounds is of common occurrence; but it is never fatal unless connected with other present or consecutive mischief. The young rule-bound practitioner, who has allowed "forty hours to elapse after the rupture of the membranes, before using instruments," while an unfortunate patient has been writhing in all the agonies of active labour, foreseen to be certainly unavailing, may have seen a living child extracted with a portion of the scalp, having suffered from pressure, in a sloughing state; and yet the child survive to manhood. A fetid and putrid discharge, in the course of a protracted labour, cannot be taken as a certain indication of foetal death and decay; because, with the presence of such indication from the sloughing of a portion of the scalp, a child, upon the point of being sacrificed, has been by art introduced into the world living and to live. In cases of deformed pelvis, and in face presentations, the child's head often undergoes far more alarming and critical conditions than a tegumentary "wound of an inch in length on the left parietal bone." That it was most wrong to inflict such a wound on such an occasion, is one proposition; that the wound was the cause of death, is another proposition, and a most hazardous one too, contradicted by our knowledge of the functions of the part, and at variance with our daily experience.

The witness, who mediated a complaint, and very properly called Dr. Craigie to assist in the examination of the body, ought to have conducted that examination fully and satisfactorily. To disinter the child merely to record what he had already seen, "a wound of an inch in length," in the scalp, was a frivolous ostentation. If the injury to the head caused immediate death, without hemorrhage, it obviously must have penetrated deeper than the skin, or occipito-frontalis, or mere indentations of the skull. When searching for evidence which might affect, if tried for murder, the life of a fellow practitioner, it was a high and imperative obligation to search out the truth with all care and circumspection. This scrupulous course was due to himself, to the accused, and to the public. Yet so superficial was the inspection that he merely measured the wound and guessed at the coagulum, without examining the parts important to life subjacent to the cranium. For aught the witness knew, there was a coagulum under the parietal bone as large as the external one, which so strangely monopolised his attention. For this superficial discharge of duty there is not even the apology of incipient putrefaction, which, says Dr. Craigie, "had not commenced."

The witness, the lawyers, the judge and all, took it for granted that the child was alive from the beginning of labour till the reception of the injury. The mother, however, according to a witness, was, during the night, "in great distress, (from the severity, it is presumed, of the pains), calling on the medical attendant to break the child's skull;" and it is stated, "there had been considerable flowing of blood." Therefore foetal death might have arisen from very unusually violent uterine action, with placental detachment. Hence it was a point which ought to have been elucidated to those, who, unversed in medical science, were called upon to convict, perhaps, for murder.

It is true that the circumstance of blood following the wound, and moreover coagulating, proved that the child was living at the time of receiving it. But on the other hand it might, from the evidence itself, be contended that it was born alive, exhausted, however, and died from this hasty assumption of "existing mortal injuries."

The witness says, "as soon as expelled, he observed a wound on the scalp about an inch in length." But he does not mention as then apparent (and had he seen it, surely he could not have failed to note it down) "a considerable tumour, three inches in diameter, and distended with two ounces of coagulum." The wound would have been lost to his eye in the magnitude of the tumour. How, then, did it happen, that if no such tumour presented itself to the witness immediately after birth, it existed long afterwards, upon the joint inspection with Dr. Craigie after disinterment?

During the passage of the child, the pressure of the maternal parts in close contact with the parietal region of the child's head prevented fatal hemorrhage. But upon birth, in an apparently lifeless state, a slow and imperceptible action of the heart went on with consequent extravasation of blood from the uncompressed vessels into the adjacent cellular tissue, there forming a coagulum, as life and circulation silently languished to a close. A new-born child, after remaining half an hour apparently dead, has been resuscitated by persevering long-continued means.

Indeed the witness is not satisfactorily positive about another very interesting fact,—“Whether the child *breathed or not* after its expulsion *cannot remember*: *thinks* if it had, that he should not have forgotten it.” This is not the direct and undoubting declaration of a medical witness, who saw the child ushered into the world; who instantly had his fingers on the cord and his eye on the face, looking with breathless anxiety for a gasp; and who, disappointed, instantly laboured to excite the needful function by rubbing some stimulus on regions connected with the respiratory nerves, inflating the lungs, and the like. By his “manual examination” he had ascertained, before delivery, that there was a wound in the scalp, into which he could introduce his finger, and feel it to be superficial. There was, therefore, a reasonable anticipation that it would be born more or less actively alive. But notwithstanding this reasonable presumption, was the pulsation of the umbilical vessels after birth ascertained? No. Did the infant breathe? Witness cannot remember. Did he use any means for resuscitation? No. Did he, in “making as accurate an examination of the infant as possible,” carefully ascertain the evidence and condition of the vital power? No. How then were these moments, so all-important to the child, employed? In ascertaining that it was “a male, full grown, the ossification *as complete as it could be at birth* (query?), and the testes in the scrotum.” And why was he thus remiss in looking after the vital spark that he might husband it into a flame? Because, he says, “there was sufficient evidence of existing mortal injuries.” And what was this injury? “A wound in the scalp about an inch in *length*.” And what was the *depth* of the mischief? The examination after death and after disinterment was only skin deep.

In censuring the extraordinary use of the scissors by Dr. Keyes, we ought not to withhold a plain condemnation of the use of ergot by Dr. Thomas Rolph. There have been undoubtedly instances where its indiscreet use has sacrificed the child. The degree and duration of the uterine contractions have, by the decree of creative benevolence, been so admirably measured and limited to the capability of the child to bear them with impunity, that even in very protracted cases it sustains little or no mischief. But when a medical man, forgetful of this law of the animal economy, this wise adaptation of means to the end, undertakes to exasperate the uterus artificially, to bring it into a tonic state, so as to maintain an unrelenting grasp upon the child, instead of an alternate state of contraction and relaxation, it is literally squeezed to death! The whole uterine surface is in close contact with the child; and independent of the impediment to the cutaneous circulation caused by this constant constriction, the cord in some positions could not escape pressure, and would in all positions be endangered. Whenever, therefore, a full dose of ergot is administered, so as to act powerfully upon the uterus for any considerable time before delivery is effected, the child is endangered, perhaps falls a victim. This is confirmed by experience. The advice of some American medical writers of acknowledged authority is of questionable latitude, viz., “not to administer ergot till the mouth of the womb has dilated to the size of a dollar;” which Dr. Thomas Rolph perhaps means by “a moderate dilatation.” He is mistaken in supposing that there is not a great difference among medical men when to administer this auxiliary to labour; as the sequel will show. Some to this day deny its specific influence on the uterus.

The administration of a dram of this useful and dangerous medicine was

commenced "after waiting about half an hour." The announcement of danger to herself or her child, or to both, and the arrival of a second accoucheur, a stranger, to hold a formidable consultation, would, in perhaps all cases, in a greater or less degree, suspend uterine action. A little conversation with the patient, with becoming cheerfulness, and with a kind yet honest expression of opinion upon her real condition, would have been a better remedy than the spurred rye. By such a course, nature would have been soon conciliated to co-operate with her well-balanced powers in a way more desirable both for the parent and the offspring.

Independent of the impatience implied by waiting only "about half an hour," there appears, from the testimony of the witness, to have been no apparent or supposed necessity for the medicine. "The pulse and countenance were good;" "the labour was then only in course of progress;" "the presentation was natural;" and "he recommended patience." Why, then, did he not practise it? There was every presumption that nature was competent to the work; for the patient had already given birth to seven living children. And the very fact that her past labours had "all terminated well," though "somewhat protracted," was the intelligible language of nature against impatient interference. As all uteri do not act in unison, and every pelvis and every fœtus bear to each other an invariable relation of size and form, we must expect many deviations in the natural process; and both prudence and safety require that we should leave nature herself, whenever we can, to adjust her operations to the circumstances of every case, instead of artificially irritating the organ, without any adequate reason, to an intensity of action ill adjusted to the interests of the mother or child. The witness further says, "the labour was strictly a natural one;" and again, "the os uteri was not fully dilated at the time," and yet "the hand could *readily* reach the ear!" Every statement shows that the administration of ergot was not only superfluous, but calculated wantonly to accelerate a natural process, going on with a safety and reasonable expedition, which art might endanger but could not improve.

The witness says, "the pains (after the exhibition of the ergot) becoming brisker, the head of the child was soon *forced down* and expelled." But within the time implied by the word "soon," the mouth of the womb had to complete its dilatation, the head to be "*forced down*" into the pelvis, and be expelled. May not a child suffer when thus unnaturally and tightly embraced by the uterus in a state of constant tension, to do in one hour, what it would be better to do in three hours? The word "soon" may in this case comprehend a longer period than the child might welcome under this "brisker" action; for the witness was called in haste a distance of only seven miles, between four and five o'clock in the morning, administered the ergot after waiting about half an hour, and the child was not born "till about an hour and a half after sunrise," on the 18th of Sept., 1835.

Instruments in midwifery should, indeed, be used most sparingly; but notwithstanding the rule of "forty hours," every case must, after all, rest on its own peculiar necessities, under the direction of the humane and intelligent practitioner.

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## BIBLIOGRAPHICAL NOTICES.

### *Stevens's Lectures on Lithotomy.*<sup>1</sup>

These lectures—as well as another on the primary treatment of injuries,<sup>2</sup> which we did not receive until some time after its first publication—proceed

<sup>1</sup> Lectures on Lithotomy, delivered at the New York Hospital, Dec., 1837. By Alex. H. Stevens, M. D., &c. &c. 8vo (five lithographs), pp. 93. New York, 1838.

<sup>2</sup> A Clinical Lecture on the Primary Treatment of Injuries, delivered at the New York Hospital, Nov. 22, 1837. By Alex. H. Stevens, M. D., Surgeon of the New York Hospital, and Emeritus Professor of Clinical Surgery. 8vo, pp. 34. New York, 1837.

from a respectable source, and from one who seems to be desirous, in this detached manner, of favouring the profession with the results of his experience and reflection.

In speaking of the statistical results of the operation of lithotomy, Dr. Stevens states his belief that the average mortality is nearly one in seven or eight; or in other words that the estimate of Sir A. Cooper is a just one; yet it appears to us that this can only apply to the crowded and unhealthy cities of Europe. In our own cities we know that the average mortality is far less; whilst in country situations this estimate would be regarded frightful. Take, for example, the one hundred and fifty-three operations of Dr. Dudley, of which he says he has not lost one—by the operation; but reckoning the four deaths that took place out of this number, as would be done probably by most surgeons,—they certainly would be by Dupuytren,—the mortality was one in about thirty-eight;—a greater mortality than befel Mr. Martineau, in England, who, according to Dr. Stevens's showing, lost two cases in eighty-six, or one in forty-three.

There is something, as we before remarked, very inexplicable in the discrepancy of these estimates.

Dr. Stevens prefers the bilateral operation, and he has invented a new instrument for the bilateral section of the prostate: "in form it resembles an olive, with a beak at the extremity, with cutting edges at the sides, parallel to its longest axis, and with a straight handle." Of this instrument there are three sizes. The grooved staff employed in connection with this instrument is as wide as the urethra will admit, and the groove gradually terminates as it approaches the end of the staff.

"The advantages in the use of this instrument are," says Dr. Stevens, "*First*, That the circular form of a transverse section gives an opening through the gland of three diameters instead of two, as when a flat instrument is employed; thus it is not necessary to carry the incision so far laterally to obtain an opening of given dimensions; and hence there is less likelihood of hemorrhage from injuring the plexus of vessels that surrounds the prostate. *Second* [ly]. The prostate is cut horizontally, and though not absolutely, yet for all practical purposes, in its greatest diameter. *Third* [ly]. The rectum is pushed back by the convexity of the instrument. *Fourth* [ly]. As the prostate is stretched transversely across the instrument, the section is made by a clean cut, and with so little resistance that the instrument does not, like ordinary gorgets, require to be thrust in with force, but may be passed lightly along until the section is completed; thus there is less danger of wounding the fundus of the bladder by a sudden cessation of resistance from the parts divided; they are, in fact, divided without force. *Fifth* [ly]. The easy division of the prostate obviates the danger of tearing the cellular tissue which connects the anterior surface of the bladder to the posterior wall of the ossa pubis."—p. 54.

It is proper to remark, that although Dr. Stevens regards the lateral operation, "as essentially defective and unnecessarily hazardous," it is the one adopted by the most successful lithotomists of this and other countries, whilst the bilateral operation has been practised by few. Within the last few days we have heard those who have been distinguished for their dexterity in the operation affirm that they desire no better operation than the lateral.

In the last number of the *Edinburgh Medical and Surgical Journal*,<sup>1</sup> the

<sup>1</sup> For Jan., 1838, p. 291.

reviewer of Dr. Bushe's work on the "Diseases of the Rectum," remarks, that "like most American books it abounds with typographical errors:" we are sorry to say, that the work before us is not an exception to this rule. The fault, we are satisfied, from our own experience, is rather that of the author than of the printer. In some cases, it is true, the difficulty of passing a work through the printer's hands correctly is extreme; and occasional errors may occur to the best printer and reader; but in the generality of cases we ourselves have had but little difficulty; and—we may be permitted to say—in the office from which this periodical is issued, we have experienced none. We notice in Dr. Stevens's work the following words, *sympphis*, *rapha*, *tines* for lines, *medna* for median, &c.

### *Tiedemann's Physiology.*<sup>1</sup>

The first volume of M. Tiedemann's work has been before the profession for several years, and has been translated into French and English. It embraces the department of comparative physiology, which the author has not yet completed. We regret to learn that sickness and death in his family have delayed the progress of his valuable work, which according to all appearances is destined to be voluminous. The volume before us is the "third," the second not having been published; and one of the reasons which appears to have impelled M. Tiedemann to the publication of the present volume was the appearance of the following unauthorised work,—"*Physiologie der Verdauung, nach den vorlesungen von Dr. F. Tiedemann, Ulm 1835, (Physiology of Digestion, according to the Lectures of Dr. F. Tiedemann, Ulm, 1835).*"

The volume before us is only the first part of Digestion, and is chiefly concerned with dietetics; some remarks on hunger and thirst being prefixed. We confess the impression made upon us by the work as it proceeds is not as favourable as that which we derived from the first volume. It is diffuse; and we fancy there are not the same evidences of accuracy and erudition as were exhibited in the first volume; but our sentiments we hope may be modified as the work proceeds. The plan pursued by the author, of issuing volume after volume at uncertain intervals, neither does justice to himself nor the reader, and should be avoided as far as practicable.

Of the knowledge of M. Tiedemann there can be but one opinion; but a difference of sentiment may exist as to the most advisable method in which it ought to be promulgated.

*Mechanical Treatment of the Itch.*<sup>2</sup>—This method, first proposed by Dr. Köhler, consists in rubbing the parts affected by itch with finely-powdered brick-dust. It was extensively tried in the Berlin Hospital during the last half of the year 1836. The number of persons treated amounted to 578, and the mean duration of treatment was 18½ days for each patient. The mean period of treatment with sulphur ointment had been previously ascertained to be fourteen days only. Relapses, also, occurred much more frequently under the former method of treatment, which was accordingly abandoned.

<sup>1</sup> *Physiologie des Menschen*, von Friedrich Tiedemann, Lehrer der Anatomie und Physiologie an der Universität zu Heidelberg. Dritter Band. Nahrungs-Bedürfniss, Nahrungs-Trieb und Nahrungs-Mittel des Menschen. Mit Königlich Württembergischem Privilegium. 8vo, s. 403. Darmstadt, 1836.

<sup>2</sup> *Berlin Medicin. Zeitung*, and *Lancet*, Feb. 10, 1838, p. 717.



## University of Pennsylvania.

At a public commencement, held on Friday, April 6th, 1838, at the Musical Fund Hall, Locust street, the degree of Doctor of Medicine was conferred upon the following gentlemen, by the Rev. Provost John Ludlow, D. D.; after which an address was delivered by W. E. Horner, M. D., Professor of Anatomy.

Agnew, David H., of Pennsylvania, Medical Science, and Responsibility of Medical Character.

Allison, Robert P., Tenn., Acute Hepatitis.

Armistead, Thomas D., Virginia, Icterus.

Barnes, Joseph K., Penn., Angina Pectoris.

Bethell, John P., Pennsylvania, Uterus.

Boatwright, John H., South Carolina, Signs of Disease derived from Cough and Expectoration.

Bockes, Jacob, New York, Colica Pictonum.

Bond, Stephen, Nova Scotia, Pneumonia.

Braxton, William P., Va., Intermittent Fever.

Brent, Daniel, Dis. of Columbia, Hysteria.

Buck, John B., Tennessee, Auscultation and Percussion.

Bullitt, Henry M., Kentucky, Morbid Anatomy of Mucous Coat of Stomach and Bowels.

Bulloch, William G., Georgia, Pneumonia.

Calhoun, Aquila T., Geo., Remittent Fever.

Carter, Francis B., Alabama, Some of the Physical Peculiarities and Diseases of Southern Negroes.

Champlin, Stephen, Conn., Principles of Diet.

Chew, William L., Mississippi, Cholera.

Christian, Samuel B., Va., Intermittent Fever.

Clement, Robert A., Virginia, Erysipelas.

Cocke, Carey C., Virginia, Erysipelas.

Cocke, Thomas R., Kentucky, Hypertrophy of the Heart.

Connel, Alva, Georgia, Acute Gout.

Cooke, Armistead T. M., Va., Urinary Calculi.

Corson, David R., Pa., Errors relative to the Preservation of Health.

Cross, Wm. C., North Carolina, Ascites.

Cummins, William, Delaware, Colitis.

Dale, James W., Philadelphia, Is Medical Science favourable to Scepticism?

Davie, Stephen, Alabama, Atmospheric Air.

De Young, Philip, Pennsylvania, Poisonous and Remedial Effects of Stramonium.

Deweese, Oscar L., Philadelphia, Peritonitis.

Diddepp, James L., Virginia, Scarlatina.

Dimon, David, Connecticut, Indigestion.

Dimon, Theodore, Conn., Conium Maculatum.

Dodson, William E., Virginia, Asphyxia.

Dollarhide, Benjamin E., Ala., Pseudo Arthrosis.

Early, John F., Virginia, Menstruation.

Ege, Charles N., Penn., Acute Dysentery.

Faulkner, Horace D., Va., Irritable Testis.

Fauntleroy, Samuel G., Virginia, Human Teeth.

Franklin, Bedley L., Georgia, Medical Vagaries.

Foreman, Isaac, S. Carolina, Cholera Morbus.

Furniss, John P., Louisiana, Grippe.

Gardiner, Daniel P., Virginia, Crystallisation.

Glass, William H., North Carolina, Fever.

Graham, Richard J., Virginia, Digestion.

Granier, Elias D., Virginia, Temperaments.

Green, Sherwood, Tenn., Intermittent Fever.

Green, William A., New York, Purpura.

Griscom, John D., Pennsylvania, Dysentery.

Guion, John A., North Carolina, Colica Biliosa.

Halson, George J., Virginia, Diagnosis of Typhus and Typhoid Fever.

Hilton, David B., Georgia, Pneumonia.

Hilton, Walter J. A., Georgia, Intermittent ver.

Hanson, John A., Georgia, Therapeutical Application of Water.

Harding, William H., Va., Lingering Labour.

Harpur, John, Rhode Island, On the Reciprocal Influence of the Mind and Body.

Henckel, Silon A., Virginia, Pleurisy.

Hendree, George R., Virginia, Hydræcele.

Herring, William, Virginia, Carbon.

Hicks, William R., North Carolina, Opium.

Hopkinson, Joseph Jr., Philadelphia, Development and Sympathies of the Liver.

Horne, Charles N., Georgia, Infantile Remittent Fever.

Huntingdon, Jedediah, N. Y., Doctrine of Forces.

Jackson, Samuel Jr., Philadelphia, Fracture of the Cervix Femoris.

Jarratt, William A., Georgia, Digitalis.

Jeffrey, Richard W., Va., The Vesicula Seminales.

Jones, Walter F., Virginia, Permanent Contraction of the Fingers.

Jordan, Reuben G., Alabama, Cynanche Trachealis vel Tracheitis.

King, William R., North Carolina, Intermittent Fever.

Kortright, Charles E., Porto Rico, Traumatic Tetanus.

Kuhn, Charles Jr., Philadelphia, Jaundice.

Lansdale, Philip, Md., Dysentery Acuta.

Lewis, Charles S., Va., Phthisis Pulmonalis.

Madison, Thomas C., Va., Nitrate of Potassa.

Meigs, John F., Philadelphia, Pleurisy.

Meriwether, George M., Alabama, Icterus.

Minor, George G., Virginia, Death.

Motley, Joseph F., Virginia, Dysentery.

Motley, James L., Virginia, Intermittent Fever.

Moore, Edward M., New York, Pericarditis.

Moore, William H., Alabama, Hydrophobia.

Moss, John W., Virginia, Hemoptysis.

Muhlenburg, Henry, E. Pa., Acute Rheumatism.

M'Coy, John M., Pennsylvania, Hemoptysis.

M'Elhenny, Washington, Virginia, Cholera Infantum.

Newell, Azariah D., New Jersey, The Diseases of the Teeth and their Influence on the Constitution.

Newton, Thomas, Virginia, Coxalgia.

Noland, George G., Miss., Cynanche Trachealis.

Palmer, Etheldred J., Georgia, Scarlet Fever.

Payne, George B., Virginia, Arthritis.

Peck, Oliver J., New York, Hematemesis.

Pennington, John P. P., Virginia, Scarlatina.

Pleassants, James A., Virginia, The Importance of the Teeth in regard to their Functions.

Rambo, Samuel, South Carolina, Plastic Force—Power of Formation and Nutrition.

Randolph, Arthur M., Florida, Neuralgia.

Ray, John T., Delaware, Dyspepsia.

Reid, John H., Alabama, Dysentery.

Rives, William, Tennessee, Pus.

Robertson, John, Delaware, Enquiry into Cause of Labour.

Ruffin, William H., North Carolina, Jaundice.

Schuyler, Philip A., New York, Sleep and Dreaming.

Scott, Thomas L., Virginia, Circulation.

Seiple, Matthew, Jr., Philadelphia, Philosophy of the Practice of Medicine.

Shaw, Henry M., North Carolina, Modus Operandi and Therapeutical Application of Emetics.

Shollington, William E. J., North Carolina, Theory.

Silver, Silas B., Maryland, Epidemic Diseases of North America.

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Sinclair, Wm. B., Va., Miasmatic Fevers.

Skelton, John G., Va., Endocarditis.

Smith, Franklin R., Philadelphia, Neuralgia.

Smith, Isaac, New York, Influence of Mind on Disease.

Smith, Jervis S., Pennsylvania, Malaria.

Stanton, Darwin E., Ohio, Irritable Uterus.

Steiner, Henry H., Maryland, Jaundice.

Stith, Leonidas Y., Ala., Chemico-Physiology.

Stone, Richard W., Ga., Nutritive Functions.

Strobbart, Jacob, South Carolina, Animal Heat.

Studdiford, Henry V., New Jersey, Organic Life.

Sullivan, Isaac, North Carolina, Acute Rheumatism.

Taylor, George L., Philadelphia, Dysentery.

Taylor, Henry S., North Carolina, The Phenomena of Life.

Taylor, J. Winthrop, Philadelphia, Physiological Action of Poisons.

Thornley, John, Virginia, Arsenious Acid.

Tucker, John E., Va., Pathology of Fever.

Tulloch, Samuel S., Tenn., Acute Hepatitis.

Turner, William A., North Carolina, Treatment of Fractured Os Femoris.

Turner, William M., Tennessee, Indigestion.

Tyson, James L., Philadelphia, Iodine.

Van Arsdale, Henry, New Jersey, Appearance of the Tongue indicating Disease.

Van Wyck, Edward H., New York, Compression of the Brain.

Vason, Jesse M., Geo., Pathology of Fever.

Waddill, Charles D., Miss., Acute Gastritis.

Walker, Jacob G., North Carolina, Phthisis Pulmonalis.

Warren, Thomas D., Va., Atmospheric Air.

Waters, Franklin, Maryland, Acute Hepatitis.

Watkins, Francis B., Va., Cholera Infantum.

Watkins, Lucien M., Virginia, Irritation.

Webb, William T., Alabama, Hygiene as applicable to Alabama.

Weir, David Park, Virginia, Aneurism.

Williams, Thomas J., Va., Chronic Bronchitis.

Williams, Solomon P., North Carolina, Pathology of Cellular Tissue.

Wilson, William G., Maryland, Rubella.

Wilson, Delany L., South Carolina, Arsenic.

Winfree, David C., Va., Acute Rheumatism.

Hammersly, Edwin S., Pennsylvania, Variola.

Haywood, W. D., North Carolina, Acute Gastritis.

Howard, Henry, Maryland, Hydrocephalus.

Merillat, Charles, Pa., Cynanchum Oleosifolium.

Magill, Buckner T., Virginia, Cystitis.

Minor, James M., Virginia, Phrenology.

Rochelle, James H., South Carolina, Acute Gastritis.

Bryan, Daniel L., South Carolina, Caries and Curvature of Spine.

Carrere, M. E., South Carolina, Epidemic Cholera.

Davis, A. B. C., Kentucky, Scrofula.

Drake, John C., North Carolina, Dysentery.

Draper, A. Weld, Massachusetts, Scarlatina.

Dunbar, Joseph, Mississippi, Apoplexy.

*Hydrophobia after Seven Years' Bite.*—The president, Mr. Hale Thomson, laid before the Westminster Medical Society the larynx, trachea, and spinal cord, taken from a boy seventeen years of age, who had died in prison the day previously, under all the symptoms of hydrophobia. The history of the case had that morning been detailed in a clinical lecture by Mr. White, at the Westminster Hospital. It was briefly this. The boy had been in prison twenty-five months, and had never been exposed, during that period, to the bite of any animal; but he stated that he had been severely bitten by a dog seven years ago, and a scar remained on the right hip from that cause. During the twenty-five months of his confinement, he had always appeared sullen, gloomy, and reserved, and was never known to look the person in the face to whom he spoke. He had not complained of illness until three days previous to his death, when he became debilitated, and was removed into the infirmary of the prison. At first, the case appeared to be that of a common cold, but symptoms were rapidly developed of the most alarming character, not unlike those of spasmodic cholera. The right hip, on which the bite had been inflicted, became excessively painful, and shooting, spasmodic twitches pervaded the whole leg, the boy constantly imploring that the most violent frictions should be applied. Sixteen hours previous to dissolution, the most decided symptoms of hydrophobia were manifested, and continued, with short intermissions, until convulsive delirium closed his life. The autopsy was as follows:—The larynx and trachea, throughout its whole length, presented the appearance of acute inflammatory action; the whole of the surface of the spinal cord appeared highly injected, and of a vivid scarlet colour. In the head there was no particular appearance, with the exception of a few red spots on the surface of the brain. The cerebellum seemed full

sized, and the middle lobes were large. The scalp was of extraordinary density, and the cranium somewhat thicker than usual. The stomach and intestines were perfectly healthy. The treatment adopted at the Penitentiary consisted in the application of blisters to the whole course of the spine, and the endermic use of morphia. Four minutes after the morphia had been used, the patient became completely calm, and remained so for a short period, when the symptoms again recurred with all their former violence.

Mr. Pettigrew referred to some particulars of cases which he had brought before the society during a previous session. In these instances the vascularity of the trachea ceased abruptly at its point of division into the bronchia. A similar termination of the diseased action was also observable in the œsophagus, at a point corresponding with that in the trachea. The bladder was empty, and its mucous surface inflamed. Regarding the extent of time which had elapsed from the receipt of the injury to the development of the symptoms in Mr. Thompson's case, he (Mr. P.) believed that a case was on record in which the virus lay dormant for nineteen years, and, at the end of that time, the disease proved fatal. In the cases which he (Mr. P.) had brought before the society, the disease manifested itself in periods varying from six to eight weeks after the receipt of the injury.

Dr. Sigmond was of opinion that the case related by the president was an instance of hydrophobia occurring spontaneously, rather than from contagion. It was allied to those cases recorded by Dr. Parry, of Bath, in which every symptom of hydrophobia was present, but which gave way under the use of the lancet. This state, occurring in females, would be called hysteria, in severe forms of which affection the train of symptoms resembled hydrophobia.

Mr. Chance enquired whether any member had seen a fatal case of hydrophobia which could not be traced to a previous inoculation by a bite. *Tracheotomy* had been recommended in this affection, as it would afford time, at least, for the employment of other remedies.<sup>1</sup>

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*Turpentine in Sciatica.*—M. Ducros<sup>2</sup> has frequently found sciatica, which had resisted the ordinary means, yield to enemata, containing a large dose of the essential oil of turpentine. Several successful cases are related by him. In one instance, the pain yielded to one enema, containing an ounce of the oil of turpentine; in another, six lavements were administered in three days, when the neuralgia gave way; in a third, the quantity was raised to two and a half ounces in each lavement; in a fourth, the lavements were continued for a fortnight.

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*Poisoning from Strychnine.*—Cases of poisoning from strychnine do not frequently present themselves; the following case is, therefore, worthy of being placed upon record, for the purpose of serving as a reference on future occasions.

On the 2d of July, a young man, seventeen years of age, who had for a long time suffered under depression of spirits, took a large dose of strychnine (two scruples). No sooner had the first symptoms of poisoning, viz., anxiety and agitation, set in, than he repented of the deed, and sought for medical assistance. After the lapse of a quarter of an hour a physician came, who immediately administered four grains of tartar emetic, but with the effect of producing only insignificant vomiting. The patient now lay stiff upon his back, with the head somewhat bent backwards; the lower extremities were perfectly stiff; the upper still free; the visage pale and haggard; the pulse quick and contracted; the heat of skin normal; he spoke with a firm voice and in a collected manner, but trismus was evidently commencing. The attacks of trismus soon became more violent, and the spasms

<sup>1</sup> *Lancet*, Feb. 3, 1838, p. 675.

<sup>2</sup> *Ibid*, Feb. 17, 1838, p. 735.

extended to the muscles of the chest; the thorax appeared compressed, and the respiration was unequal and interrupted. Strong doses of emetic tartar, aided by titillating the fauces, produced only very moderate vomiting; tincture of iodine and morphine were also administered without relief. The accesses of trismus and oppression were now repeated, at intervals of a minute, for a short time, when the whole body was attacked with tetanus, becoming as stiff as a board; the suffocation was extreme, the jaws firmly locked together; the upper extremities were firmly flexed at the elbow-joints and applied across the chest; the lower extremities were extended and stiff, the soles of the feet concave.

By degrees the respiration became more unequal, and finally ceased; the heart continued to beat in a disorderly manner, but its pulsations soon became imperceptible; the skin was now of a dusky blue colour, the face deep purple; the eyeballs prominent, the pupils dilated and insensible. As the suffocation became more imminent, all signs of consciousness disappeared, and the patient lay for a few minutes without motion, in a state of the most perfect universal tetanus.

Death was expected to put an end to this distressing scene, when a remission of the convulsions suddenly manifested itself; the limbs became relaxed, and after a long deep-drawn inspiration the pulsations of the heart and arteries were again perceptible; consciousness and the power of speech were also restored, but the articulation was imperfect. Efforts to produce vomiting were now repeated, but in vain. A gum-elastic catheter was passed through the nostrils into the stomach, a quantity of fluid introduced and then withdrawn, and some acetate of morphia administered; no relief, however, was obtained. After the lapse of a quarter of an hour the patient was again seized with a shivering fit, followed by general tetanus, which soon terminated in a state of asphyxia; the median vein was immediately opened, but only a few drops of blood could be obtained, and the death of the patient took place an hour and a half after the self-administration of the poison.

*Examination twenty hours after death.*—Skin of a dark colour; the face less contracted than during life; pupils not remarkably dilated; body excessively stiff. On opening the vertebral canal two quarts of thick fluid blood escaped. The plexuses of the spinal veins and the pia mater were highly congested, and on removing the membranes some serum escaped from beneath them. The upper part of the spinal marrow was exceedingly softened; but the lower portion, near the cauda equina, was, on the contrary, hard. The substance of the brain was merely congested, but not altered in any way; the membranes were healthy. The vessels contained in the cavities of the chest and abdomen were highly congested; the mucous membrane lining the mouth and œsophagus was free from inflammation; the stomach was filled with slimy mucus, but did not present any appearance of having undergone organic change.—*Würtemb. Med. Corresp.*, Bd. 7, 1837.<sup>1</sup>

*Thymus Gland.*—Complete atrophy of the thymus gland, it is affirmed,<sup>2</sup> does not take place in the child before the age of twelve years. A remnant has been found as late in life as fifty years.

*Hydriodates of Potassa and Iron in Discharges from the Nose.*—The two following cases have been recently published in a London medical periodical; the first occurred in the practice of Dr. Elliotson, at the University College Hospital, the second is described by Mr. Geo. Fayrer, of Barking, Essex.

A. W., aged twenty-eight, was admitted Nov. 28, under the care of Dr. Elliotson. Always enjoyed good health until last Christmas, when she

<sup>1</sup> *Lancet*, Jan. 27, 1838, p. 647.

<sup>2</sup> *Ibid.* Feb. 3, 1838, p. 665.

was attacked with pains in the forehead and nose, attended with a discharge of a thick yellowish matter from the right nostril. The pains of the forehead have of late become more violent, and the discharge accompanied with a smell like that arising from putrid meat. Till within the last few months the patient has been under the care of a surgeon, who treated the case antiphlogistically, without producing any relief. She had syphilis fourteen years ago.

At present she suffers from darting pains in the head, which are more severe at night. The fore part of the head is more affected than the back; the face has a bloated appearance; the lower eyelids are swollen. There is a darting pain in the right eye, attended with an increased secretion of tears, which run down the cheek. There is pain, on pressure, over the right lachrymal duct; the breathing through the right nostril is slightly affected; the mucous membrane of the nostril is of the natural colour. The secretion from the nostril is thick, and somewhat of the form of the cavity of the nose. Bowels constipated; pulse 85, and weak; mouth slightly affected from mercury. To have three grains and a half of the hydriodate of potash in solution three times daily.

Dec. 2. Pain in the head less. Four grains and a half of the medicine for a dose.

7. Pain less on alternate days. Five and a half grains to be taken for a dose.

9. Still improving. Increase the hydriodate to seven grains.

12. Discharge from the nose increased. A small piece of bone, the size of a pin's head, came away the day before yesterday.

17. Went on improving until to-day; the discharge is much less, and the fetid smell almost gone. She left the hospital at her own request.<sup>1</sup>

June 21, 1836, a little girl, two years old, was brought to me by her mother, who said the child had from her birth been affected with difficulty of breathing, which sometimes in the night almost amounted to strangulation, deglutition at times also much impeded, and latterly alteration in the voice. She states that a fortnight before a thick puriform secretion was discharged from both nostrils, which continued without intermission. After clearing the bowels with mercurial purgatives, I ordered a scruple of hydriodate of potash, in four ounces of water, gradually increased to two scruples, a portion of which is to be injected up the nostrils three times a day; also a mixture containing sixteen grains of the hydriodate in two ounces of camphor mixture, two teaspoonfuls to be taken three times a day; which injection and mixture she continued till the beginning of August, when she became quite well, and has never had any return.<sup>2</sup>

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*Plaster of Paris in Fractures.*—It would appear, from a recent communication made by Mr. Thomas Ingle to a respectable English periodical,<sup>3</sup> that the plan of treating fractures by means of plaster of Paris casts was well known to and generally practised by the Arabians.

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*Tropical Plants.*—We observe, by a report to the house of representatives, that a committee of congress have agreed unanimously to report a bill setting apart to Dr. Henry Perrine, late consul of the United States at Campeachy, "one township of the public land south of the twenty-sixth degree of latitude, in East Florida, upon condition of its occupancy and successful cultivation within a limited period, and under certain restrictions and con-

<sup>1</sup> Lancet. Feb. 10, 1838, p. 725.

<sup>2</sup> Ibid. Feb. 24, 1838, p. 786.

<sup>3</sup> London Medical Gazette, Feb. 24, 1838, p. 850.

ditions, as set forth in said bill ;"—the object being "the encouragement of the growth of new and important agricultural products, exotic vegetables, and tropical plants." Amongst these we see specified, "the Peruvian bark, sarsaparilla, canella, and innumerable salutary medicines for the removal of disease."

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*Morbus Pedicularis.*—At a meeting of the Medical Society of London, Jan. 15, 1838,<sup>1</sup> the President, Mr. Bryant, stated that there was a remarkable case of this disease in Guy's Hospital. The subject was a woman about thirty years of age, whose occupation had been that of a governess. The body was constantly covered with pediculi, the irritation produced by which had induced the patient to scratch herself to such an extent, that many parts of the surface presented the appearance commonly observed in porrigo. On her admission she was placed in a warm bath, her clothes were removed, and every precaution used to get rid of the insects; but in two hours after being put to bed the surface was again covered, and all attempts at removing the vermin were unsuccessful, the regeneration of them being so remarkably rapid as to set remedies at total defiance. Nothing like cysts containing the ova of these insects was observable.

In commenting on this case, Mr. Dendy said the disease was a formidable one. He believed that one of the kings of England fell a victim to it, as did also, according to report, one of the late royal duchesses. No doubt every thing in the last case was tried, but without success.

The generation of these insects must be rapid if it can be perfected in the space of two hours; and the nidus must be most favourable. It fortunately happens that the precise nidus, or state of the body, requisite for the development of this loathsome disease, rarely presents itself.

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*Medical Practitioners in Australia.*—A recent writer,<sup>2</sup> lately returned from Australia, cautions young medical men against the belief that their services are needed in that country. "The climate," he says, "is the finest in the world; there is an abundance of every thing at a cheap rate; plenty of employment, and the labourer is well paid. Raiment and fuel are, also, almost not needed; they have there neither endemics nor epidemics, and the consequence of all this is, *health of the highest order.*" "Let no man," he adds, "go as a surgeon without ample remuneration, bargaining also to be brought back. If he do not this, he must become a clerk, or a cattle-driver; or he must starve."

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*Creosoté in Obstinate Ulcerations.*—Dr. Bürkner, of Breslau,<sup>3</sup> reports a case of obstinate syphilitic ulcer, which, after resisting for more than a year every variety of general and local treatment that could be devised, at length yielded to the application of pure creosote, by means of a hair brush. The character of the pus secreted immediately improved; the wound commenced healing by granulation from the bottom, and at the end of four weeks Dr. B. had the satisfaction of finding his patient quite well.

<sup>1</sup> *Lancet*, for Jan. 20, 1838, p. 6 14.

<sup>2</sup> *Ibid*, Feb. 10, 1838, 16, p. 7.

<sup>3</sup> *Wochenschrift für die gesammte Heilkunde*, Sept. 4, 1837.

## BOOKS RECEIVED.

*From Jacob Snider, Jr., Esq.*—Fifth Annual Report of the Managers of the Pennsylvania Institution for the Instruction of the Blind, located in Philadelphia, &c. 8vo, pp. 36. Philadelphia, 1838.

*From the Hon. J. Jackson, of Georgia.*—Report of the Committee on Agriculture, to which was referred the memorial of Dr. H. Perrine, late consul at Campeachy, asking a grant of land in the southern extremity of East Florida, for the encouragement of the growth of new and important agricultural products, exotic vegetables and tropical plants, &c. 8vo. pp. 99.

*Physiologie des Menschen* von Friedrich Tiedemann, Lehrer der Anatomie und Physiologie an der Universität zu Heidelberg. Dritter Band. Nahrungs-Bedürfniss, Nahrungs-Trieb und Nahrungs-Mittel des Menschen. Mit Königlich Württembergischem Privilegium. 8vo, pp. 403. Darmstadt, 1836.

*From the Publishers, Messrs. Carey, Lea, & Blanchard.*—Popular Medicine, or Family Adviser; consisting of Outlines of Anatomy, Physiology, and Hygiene, with such hints on the practice of physic, surgery, and the diseases of women and children, as may prove useful in families when regular physicians cannot be procured; being a companion and guide for intelligent principals of manufactories, plantations, and boarding-schools, heads of families, masters of vessels, missionaries or travellers; and a useful sketch for young men about commencing the study of medicine. By Reynell Coates, M. D., Fellow of the College of Physicians of Philadelphia, Honorary Member of the Philadelphia Medical Society, Correspondent of the Lyceum of Natural History of New York, &c. &c., assisted by several medical friends. 8vo, pp. 614. Philadelphia, 1838.

*From the same.*—The Medical Formulary; being a collection of prescriptions derived from the writings and practice of many of the most eminent physicians in America and Europe. To which is added an appendix containing the usual dietetic preparations and antidotes for poisons. The whole accompanied with a few brief pharmaceutic and medical observations. By Benjamin Ellis, M. D., Professor of Materia Medica and Pharmacy. 5th edit. with additions. 8vo, pp. 231. Philadelphia, 1838.

*From Dr. Warrington.*—Twenty-first Annual Report on the State of the Asylum for the Relief of Persons deprived of the Use of their Reason: published by the direction of the Contributors, Third month, 1838. 8vo, pp. 21. Philadelphia, 1838.

*Formulaire Général ou Recueil de Formules Pharmaceutiques, adoptées par les différentes Facultés de Médecine, et puisés dans les recueils particuliers de MM. Alibert, Magendie, Henry, Guibour, Chevallier, Milne Edwards, Vavasseur, Cadet de Cassicourt, Foy, &c. Publié par ordre alphabétique.* 18mo, pp. 469. Bruxelles, 1837.

*Traité de Pathologie Générale, par E. Frédéric Dubois, d'Amiens, Professeur Agrégé à la Faculté de Médecine de Paris, Président de la Société Médicale d'Emulation de la même ville, &c. &c. 2<sup>ème</sup> édition.* 8vo, pp. 433. Bruxelles, 1835.

*Nouveaux Elémens de Physiologie par M. le Baron Richerand, Professeur à la Faculté de Médecine de Paris &c. &c. 13<sup>ème</sup> édit. revue et corrigée par l'Auteur et par M. Bérard aîné, Professeur de Physiologie à la Faculté de Médecine de Paris, &c. Edition Belge, augmentée du Traité de Physiologie comparée par F. Tiedemann.* 8vo, pp. 535. Bruxelles, 1837.

## AMERICAN MEDICAL INTELLIGENCER.

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No. 3.

## ART. I.—CASE OF BONY FORMATION IN THE LARYNX.

BY M. M. WHITE, M. D., OF SYRACUSE, N. Y.

*To the Editor of the "American Medical Library and Intelligencer."*

Dear Sir,—I give you below the history of a curious and highly interesting case of an extra bone formed in the larynx.

The subject of the case was a man of about fifty-eight years of age,—one of our most valuable, intelligent, and useful citizens,—of robust constitution and sanguineous temperament.

With few exceptions he had enjoyed perfect health up to the commencement of his last illness—in August, 1837. Since that time various anomalous symptoms have existed.

The patient complained at first of only slight indisposition, such as languor, lassitude, and weakness; which finally increased to such an extent that he found it difficult to place himself in any situation which would afford him the rest and repose he so much desired. At this time there were no other symptoms indicating disease.

His appetite and digestive powers were good; his bowels were healthy, and their action natural and regular.

With the exception of a severe headache, which continued for three or four days, but disappeared upon a simple course of treatment, no material change occurred in these symptoms until some time in November following, when he began to complain of rheumatic pains in his ankle joint, extending up to the knee.

In a few days the pain had subsided in the ankle; but with its disappearance there, the elbow and shoulder became similarly affected—were much inflamed, very painful, and continued so for several days.

His appetite diminished, and all relish for food was soon gone. He complained, also, of hoarseness, but so slight was it, that it was only considered as the effect of a little increase of the natural secretions of the larynx. This hoarseness continued to increase with the diminution of the rheumatic inflammation from the elbow and shoulder, until total loss of voice ensued in the latter part of January.

In the early stages of this hoarseness there was no soreness of throat, and no pain was felt either in deglutition, respiration, or upon external pressure; nor did there seem to be any obstruction to a free passage of air into the lungs. In fact, the hoarseness seemed to be the effect of inflammation of an exceedingly chronic character.

During the progress of the disease—which was slow and lingering—his general health materially improved. His appetite returned, and he frequently said to me that he felt better than he had at any time for the last two years, with the exception of this local disease of the throat, which continued to increase.

Deglutition and external pressure upon the throat caused him pain, and at night he had occasional paroxysms of difficult and laborious breathing, which would subside in the morning upon more or less free expectoration.



I should say, also, that throughout the whole of his illness there was a constant feverish dryness of the skin, and a full, quick, and hard pulse.

As it passed on, the disease assumed a more formidable character. Breathing became more laborious and difficult, and a constant sensation of dryness was felt in the throat. Expectoration, which heretofore had been free, with only occasional exceptions, was now almost wholly suspended, and the exacerbations at night greatly increased, and did not subside in the morning as they had done before.

For four or five days previous to the fatal termination of this case, the disease put on all the characteristics of a bad case of croup. The cough which now began to trouble him was in every respect like that of croup, and the paroxysms of difficult breathing were so violent that every attack seemed to threaten him with instant suffocation.

These violent symptoms continued, and the paroxysms of difficult breathing recurred more frequently, until he fell into a comatose state in which he remained for twenty-four hours, when he expired, on the 30th of March last.

On examination after death the pharynx was found in a normal state. The epiglottis was also in a perfectly healthy condition, but the two arytenoid cartilages were greatly thickened and enlarged. On laying open the posterior part of the larynx and pressing it slightly apart, a bony formation was exposed to view, situated at the superior and anterior part of the two arytenoid cartilages, and completely embedded in the muscles and cellular substance within the cavity of the thyroid cartilage.

This bone is about one eighth of an inch in thickness, and is formed of two hardened laminated plates, with a reticular or spongy tissue between them.

The edge of the bone describes an irregular oval line measuring about an inch and one eighth, as situated transversely across the larynx, and seven eighths of an inch in the opposite direction.

This bony plate was slightly curved, to accommodate itself to the inner surface of the thyroid cartilage.

The soft parts which surrounded the bone were in an ulcerated state, and the bone itself was rapidly decaying. A thick, dark-coloured, and very fetid matter surrounded the bone, and communicated with the inner surface of the larynx by means of a small sinus, which opened into it. A part of the cricoid cartilage was also perfectly ossified.

M. M. WHITE, M. D.

*Syracuse, Onondago county, N. Y., April 9, 1838.*

The foregoing case is one of pathological interest, and in its extent uncommon. Ossification of the cartilages of the larynx, in advanced life, can scarcely be esteemed a pathological condition. It is only when the cartilages become enlarged, the soft parts ulcerated, and the bone carious, that serious inconvenience is usually experienced. The deposition in Dr. White's case was extensive, and was probably the result of some vice, which gave occasion to the bony transformation. That this deposition must have been the work of considerable time is shown by the short period during which the symptoms were urgent. The presence of a bone in this unusual situation probably acted as an irritant; the irritation was communicated to the mucous membrane; ulceration of which supervened, with exposure and consequent caries of the bone, and all the unpleasant consequences.—*Ed.*

## ART. II.—COMPLETE UNION OF THE VAGINA—SUCCESSFULLY TREATED.

BY B. I. HICKS, M. D., VICKSBURG, MISS.

During the month of December last I was requested to examine a servant girl, aged twenty-three years, who had about three years previously a laborious and difficult parturition, when the perinæum and vagina were much lacerated; and being entrusted to the care of an ignorant midwife she was not properly attended to—violent inflammation ensued, and union of the *walls* of the vagina consequently took place. Upon examination I found that there was not the smallest opening for the escape of the uterine secretions. The labia were partially separated, but barely sufficient for the discharge of urine. She had not menstruated since her accouchement. I determined at once to operate, and accordingly prepared my patient by bleeding, purging, and low diet for several days; at the expiration of which time, assisted by my friend, Dr. D. McGill, I proceeded to perform the operation. The patient was placed upon a common table, in the manner directed for the operation of lithotomy. I took a common scalpel, and with the first stroke separated the labia. I then proceeded cautiously and slowly to finish the operation by repeated strokes, using my finger as a guide for the instrument, until I came in contact with the os uteri. I then enlarged the vagina to the natural size. After thus finishing the operation, a quantity of lint was introduced, the patient put to bed, and confined strictly to the antiphlogistic regimen. She had considerable fever for several days after the operation, and complained of considerable soreness; but by being confined to arrow-root and mucilaginous drinks, these symptoms soon subsided.

I found great difficulty in preventing the vagina from contracting and reuniting while using the lint, and was compelled to resort to the use of a bougie, made in the form of the common *rectum bougie*, coated with gum-elastic, which my patient wore for several months. The mucous membrane has completely formed over the internal surface of the vagina. The patient is now entirely well, and has menstruated healthily four times since the operation.

B. I. Hicks, M. D.

March 17th, 1838.

## ART. III.—COMPRESSION OF THE CAROTID ARTERY IN THE TREATMENT OF CONVULSIONS.

BY M. TROUSSEAU.

In one of the late French journals<sup>1</sup> a case of convulsions, cured by the above means, is published by M. A. Trousseau, of Paris. He was called on Monday, 11th of September, 1837, in consultation with Dr. Cerise, conjointly with Professor Chomel and Dr. Toirac. The case in question was a child, whose history is as follows:—

"Our young patient is eight years old, and has been troubled for several months with a second dentition. At the end of August of this year he became affected with very slight scarlatina, which required nothing more than the simplest hygienic treatment.

"Eight days after the appearance of the eruption, the child, which was perfectly well, requested of its mother to be carried to the Tuilleries. It was a warm day and she consented. No injury resulted from it; but the third day after going out, the temperature suddenly lowered, and the parents thought that slightly warmer clothing would protect it effectually against the premature coldness of the season. The child, notwithstanding, took cold, and the face next day was swollen, especially in the parotidian region. Oedema quickly covered the whole body; but it was not considerable. At the same time he had suppression of urine which lasted seventy-two hours; afterwards flowed in small quantity, and was of a rather deep brown colour.

<sup>1</sup> Journal des Connaissances Médico-Chirurgicales, Octobre, 1837.

"The œdema had decreased a little on the 10th of September, and in the evening the child complained of slight headache. He passed a disturbed night, and in the morning had violent cephalalgia, with unusual loquacity. He vomited, although he had only taken very light food.

"At three o'clock in the afternoon, M. Cerise saw him, and as he presented so extraordinary an appearance, and with a pulse so irregular, he remained three quarters of an hour with him, anxious and endeavouring to account for what was going on. When suddenly the child was seized with very acute pain in the head, to which he carried his hand, uttering a cry of great distress, and had a violent convulsion of the epileptic form, which only continued a few moments, and was followed at first by stupor, then by a perfect delirium; it was then a quarter to four o'clock.

"M. Cerise ordered ten leeches to be immediately applied behind the mastoid processes, and had the arms, legs, and all the abdomen covered with large sinapisms. At half past four he was again attacked more violently and of longer duration than at first. At a quarter past five a third occurred. At a quarter to six there was a fourth convulsion, which *continued till the accession of another.*"

At M. Trousseau's arrival, at a quarter past seven, he was stretched upon his bed, his head powerfully turned behind and to the right, the jaws, eyelids, globe of the eye, muscles of the neck, the arms, and the right leg, were agitated with frightful jerking convulsive motions. The muscles of the left side were in a state of complete relaxation.

The head had been covered with ice, yet the convulsions continued; cold water had been dashed on the face, the cheeks had been struck with a handkerchief dipped in iced water; nothing moderated the symptoms.

The pulse acquired an extreme frequency, it was tumultuous, and beat a hundred and sixty times in the minute. The respiration was embarrassed, and became rattling; it was evident that the lung was congested and the bronchial tubes were beginning to be filled with mucus. The pupils were very much dilated.

In this juncture M. Trousseau proposed a cold affusion, of not more than half a minute's duration; for he was aware that the nervous system could only react feebly. Messrs. Cerise and Toirac adopted this medication, and the child, placed naked in the bath-tub, received a shower-bath, with the water at 54° Fahr.

No kind of change resulted from it: and the child had been given up when the idea suddenly struck M. Trousseau of mechanically preventing the progress of the blood to the brain. There was but one mode, and that was to compress the primary carotids against the sides of the trachea; before fifteen seconds had elapsed the convulsions rapidly ceased, and the child fell into an apoplectic stupor.

The compression was continued without interruption for an hour, and not the slightest convulsive jerk was manifested. From this time convalescence made rapid progress.

M. Trousseau thinks the above mode would be useful in congestive convulsions; for the compression of the carotid artery throws the whole of one hemisphere of the brain into a state of anemia much quicker and more certainly than bleeding or the application of leeches.

The immediate effect of this pressure on a person in good health is very remarkable. The face becomes pale, a feeling of cold is experienced, of dimness, and sometimes a confusion of ideas; all these cease the instant the blood is allowed to reach the brain.

If both sides of the body were equally convulsed, synchronously or alternately, would there be any inconvenience in compressing both the carotids? he asks. It is easy to be convinced, in performing the experiment upon oneself, that the simultaneous compression of both carotids does not present the same inconvenience which might be feared at first sight. This experiment should be made when in bed. The sight becomes obscured, the ideas are slightly confused, an indefinable state of annihilation (*anéantissement*)

is felt, but in no wise threatening life; by degrees these phenomena cease, no doubt because the anastomoses allow the vertebral<sup>1</sup> arteries to send to the brain blood sufficient for the accomplishment of its functions.

M. Trousseau always prefers making compression in the interval which separates the sterno-cleido-mastoid muscle from the sides of the larynx; for on this point the artery is free.

Compression is made with the thumb, or with the index and middle fingers united; the finger is placed parallel with the axis of the vessel, or perpendicularly, the palm of the hand being turned outwards, so as not to compress the larynx and trachea. He begins by finding the situation of the vessel, which can be felt to pulsate under the finger, when it is to be gently pressed on the vertebral column, taking care not to allow it to slip from under the finger.

M. Trousseau concludes his paper with the following observations:—

"I now ask, if in acute hydrocephalus of children, if in incipient cerebral inflammations, compression of the carotids, made several days in succession, might not allow the cure of these frightful maladies which make so many victims. Surely, when we have seen mothers cure by permanent compression tumours, situate in points where the finger only could be applied, we might count upon their continuing with firmness, several days in succession, the compression of the vessel which carries to the brain the materials of inflammation.

"I would not be rash enough to advise an epileptic, *whose life should be threatened*, a ligature of the carotid on the side opposite to that of the predominant convulsions; but I would not hesitate to ask it for myself if I were affected with this horrible disease. Surely, when surgeons are applauded who dare carry a ligature round the carotid for a tumour of the orbit, we should not be justified in accusing them of too much boldness if they proposed and carried into execution the same means for a disease which, like epilepsy, renders a man the dread of society, prints on his forehead an indelible stigma, degrades him, induces idiocy, and shortens his life."

#### ART. IV.—LACERATION OF THE PERINÆUM IN WOMEN.

BY PROFESSOR DIEFFENBACH.<sup>2</sup>

Laceration of the perinæum, commonly the effect of difficult or ill-managed labour, does not generally fall under the notice of the surgeon, unless the injury be extensive, and the inconvenience produced by it great. When the laceration is small, nature is, in most cases, able to effect a cure; and even

<sup>1</sup> Sir Astley Cooper found, by experiment, that the vertebral arteries are much more important vessels as regards the brain, and its functions in certain animals, as the rabbit, than the carotid arteries. The nervous power is much lessened by tying them; and in his experiments, the animal did not, in any case, survive the operation more than a fortnight. In the dog, also, he tied the carotids with little effect, but the ligature of the vertebrals had a great influence. The effect of the operation was to render the breathing immediately difficult and laborious; owing, in Sir Astley's opinion, to the supply of blood to the phrenic nerves and the whole *tractus respiratorius* of Sir Charles Bell being cut off. The animal became dull, and indisposed to make use of exertion or to take food. Compression of the carotids and vertebrals at the same moment, in the rabbit, destroyed the nervous functions immediately. This was effected by the application of the thumbs to both sides of the neck, the trachea remaining quite free from pressure. Respiration entirely ceased, with the exception of a few convulsive gasps. The same fact was evinced in a clearer and more satisfactory manner by the application of ligatures on the four vessels, all of which were tightened at the same instant. Stoppage of respiration and death immediately ensued.—*Guy's Hospital Reports*, vol. i. p. 472.—*Ed.*

<sup>2</sup> Berlin. Med. Zeitung, 1837, and Lancet, March 3, 1838, p. 810.

where the whole length of the perinæum has been torn through, the orifice of the rectum usually remains intact. I have already, in another work, communicated the result of my experience in the treatment of extensive lacerations of the perinæum; the following observations are, therefore, to be considered merely as a supplement to the information then conveyed to the profession. The most recent cases of laceration of the perinæum which have fallen under my notice, are the following:—

CASE 1.—The perinæum of a young woman, twenty-six years of age, pregnant for the first time, and in whom the genital organs were remarkably small, was lacerated to the extent of an inch. I saw the patient six hours after the occurrence of the accident, and having removed the coagulated blood and lymph by which the edges of the wound were covered, I brought the latter together by three sutures. The parts were frequently bathed with warm water, and then some lint, moistened with the lead lotion, applied. On the third day I removed the two common sutures, and on the fourth, the twisted one. The union was perfect. The continued use of the Goulard's lotion removed, in a few days, some inflammatory tumefaction of the labia.

CASE 2.—Laceration of the perinæum, to the extent of an inch and a half, occurred in a female thirty years of age, while giving birth to her third child. I saw the patient ten hours after delivery; the wound was clean, and its lips filled with firm coagula. I applied four sutures; two common, two twisted. The dressings were the same as those employed in the preceding case. On the third day the edges of the wound appeared united, as far as the commissure. I now removed the anterior suture and allowed the rest to remain until the fifth day. Up to the eighth day the knees were bound together with a handkerchief. The union now appeared to be solid, and the conformation of the external genital organs was not, in the slightest degree, modified.

CASE 3.—A young woman, twenty-two years of age, fell from a height of a few feet, and struck the perinæum against the edge of a stool. On examination, the genital organs were found considerably swollen, the vagina full of coagulated blood, and the left side of the perinæum lacerated to the extent of half an inch. Two twisted sutures were immediately applied, and the antiphlogistic method of treatment had recourse to. The inflammation was thus quickly subdued, and the sutures removed on the fourth and fifth days: the cure was complete. An œdematous tumefaction of the surrounding parts, which persisted for several weeks, was removed by the use of Goulard's lotion.

CASE 4.—A young married woman, twenty-four years of age, fell upon a porcelain chamber utensil, which broke into several fragments and wounded the perinæum in various directions. Both labia were divided in different places, and one wound extended backwards for about the length of an inch, through the middle of the perinæum. There were also several deep, long wounds in the parietes of the vagina, from which I extracted some fragments of porcelain. The patient had lost a considerable quantity of blood, and lay in a state of complete syncope. After having cleansed the wound and the vagina with injections of cold water, I applied a number of sutures at the different points which seemed to require them. The parts were covered with lint moistened in a cold lotion; leeches were applied to the inflamed organs, and a strict regimen enjoined. The whole of the wounds were quickly united, with the exception of one small one, which suppurated, but finally healed in a few weeks. The patient, since then, has given birth to several children, and the cicatrices have remained perfect, not one having given way during labour.

CASE 5.—A female, thirty years of age, suffered under incipient prolapsus of the uterus. The genital organs were remarkably relaxed and large, but the perinæum, on the contrary, very small. It was, however, impossible to determine whether the enlargement of the entrance of the vagina and the narrowness of the perinæum were the consequences of a trifling laceration, or of simple dilatation. I immediately determined on having recourse to

Fricke's operation, and, after having divided with the scissors the posterior angle of the fourchette, I applied eight sutures, partly twisted, partly common. In addition to these, I placed a couple of fine ligatures inside the vagina, through the edges of the mucous membrane. The operation was attended with complete success. After removing the sutures, the breadth of the perinæum was found to be considerably increased, and the orifice of the vagina contracted within reasonable bounds.

CASE 6.—Laceration of the perinæum, of a portion of the vagina, and several inches of the rectum, occurred in the person of a female twenty-six years of age, during her first labour. Six or eight hours after the accident I was called in, and commenced by closing the wound in the wall of the vagina with five or six sutures. I then treated the rectum in the same manner, and finally closed the lacerated wound of the perinæum, partly with common, partly with twisted sutures. The parts were constantly cleaned with lotions and baths, but the obesity of the patient prevented the local treatment from being followed up in as efficacious a manner as was desirable. When the sutures came away the greater part of the perineal wound was found to be ununited, but a portion, near the anus, had healed. In this case the application of the suture was only partially followed by success; the patient, however, was able to retain both fluid stools and flatus.

CASE 7.—The next case was a still more difficult one, although the result was more fortunate. It occurred in the person of a woman forty years of age; during a difficult labour the perinæum, half the vagina, and an inch and a half of the rectum were lacerated. I visited the patient on the following day, and immediately judged that the case would be one of extreme difficulty, for I had seldom seen a more corpulent woman. The abdomen hung down over the middle of the thighs, and the labia were of enormous dimensions. Having placed the patient in a convenient posture and removed the coagula of blood, &c., I first brought together the edges of the wound in the rectum with four points of suture, and then applied a strong suture to the lacerated portion of the vagina, bringing the extremities out through the vulva; complete coaptation of the wound in the vaginal parietes was obtained by four other sutures of lesser dimensions; finally, the wound in the perinæum was united by two common sutures, and two twisted ones. The tumefaction of the parts prevented me from making any examination on the following day, and we were compelled to confine ourselves to the simple use of warm fomentations and injections. Several of the sutures which had been placed on the perinæum and vagina had begun to cut through the tissues on the third and fourth days, and were all removed on the sixth day. The anterior part of the perinæum, as well as the lower portion of the vaginal wound, were now found to be ununited, and the latter communicated through a small opening with the rectum. The parts were frequently washed with a strong decoction of chamomile flowers, and the process of granulation thus encouraged. After the lapse of a few weeks the opening between the vagina and rectum was closed, and the whole of the lacerated parts in the perinæum were united, with the exception of a small slit at the anterior part.

CASE 8.—In the following case several obstacles impeded the operation and diminished the chances of cure:—A woman of nervous temperament and feeble constitution, twelve years anteriorly, while giving birth to her first child, met with a very severe accident, a considerable portion of the vagina, the whole of the perinæum, and two inches of the rectum, having been torn through. On examining the unfortunate woman I found the genital organs and the rectum united by a large open slit, and it was scarcely possible to determine at what point the perinæum had formerly existed. I operated, in this case, in the manner which I commonly adopt under similar circumstances. I freed the rectum a little laterally, in order to conserve its proper diameter, then refreshed all the edges of the injured parts, and united the rectum with five, the vagina with six, and the perinæum with four sutures. The parts now presented a pretty natural appearance, and as no tension existed I did not think it necessary to have recourse

to the lateral incisions. Inflammation set in moderately. Goulard's lotion was applied to the parts, which were frequently examined. The sutures appeared firm on the third and fourth day; they were, however, removed, with the greatest caution, on the following day, and the union appeared perfect. After the lapse of a few days, during the first evacuation from the bowels, a communication between the rectum and vagina was discovered. For several months the edges were touched with caustics, but without any great benefit; the patient was unwilling to submit to any further operation.

CASE 9.—A healthy woman, thirty-six years of age, had the misfortune to listen to the instances of a young man, by whom she became pregnant. She was herself small in person; the pelvis and genital organs were also small, while the child was remarkably large. During delivery the perinæum and genital organs were injured to a very remarkable extent. I was called to see the woman on the following morning, and found her bathed in blood. The vagina and rectum formed one large cavity, the edges of which were ragged. A large flap, three and a half inches long, and two broad, hung down from the external genital organs, and on examination was found to belong to the vagina, to which it was only connected by a band of tissue not broader than an inch. After consultation with the physician in attendance, it was determined that some effort to relieve the unfortunate woman should be made, although the case appeared to be a very hopeless one. I commenced by bringing together the sides of the lacerated rectum, and for this six sutures were necessary; the wounds of the vagina required no less than ten sutures, and for the perinæum five were employed. It is unnecessary to mention that one end of each ligature was cut off close to the knot. Although I did not expect to obtain anything like a complete cure in this case, yet I hoped at least to render the woman's life less uncomfortable. The treatment was moderately antiphlogistic; the wounded parts were frequently washed with warm Goulard's lotion, and, contrary to our expectations, the injured parts healed so completely by the first intention, that, after the removal of the numerous sutures, nothing could be observed but a fine cicatrix. A small communication between the rectum and vagina, healed after a lapse of eight days, on touching the edges with caustic. Several physicians have examined this case since the cure, for the obtaining which I am much indebted to the assiduity and talent of my assistant, Dr. Hildebrandt.

I have described the above cases as briefly as possible, omitting every circumstance which was not strictly essential. It should, however, be mentioned that I took care to produce constipation for the first six, eight, or ten days, by small doses of opium. Whenever the desire to go to stool became excessive, a large tube, open at one end, was passed into the rectum, and a quantity of warm water thrown up, by which the scybala were softened. The catheter was also introduced several times within the twenty-four hours.

#### ART. V.—RESULTS OF TAPPING THE HEAD IN NINETEEN CASES OF HYDROCEPHALUS.

BY J. T. CONQUEST, M. D., F. L. S., &c.<sup>1</sup>

Nearly *ten* years having elapsed since I was first induced to attempt the cure of chronic hydrocephalus, by withdrawing the fluid from the ventricles, the time seems to have arrived when the profession has a claim on me for some account of the results of these operations; and, indeed, this has become necessary in consequence of the numerous applications for information on the subject by practitioners, not only in Britain, but in many distant parts of the world. Still it is a matter involving such important considerations, that

<sup>1</sup> *Lancet*, for Mar. 17, 1838, p. 890, and *Lond. Med. Gaz.* Mar. 17, p. 967.

until experience has thrown much more light upon it, I do not feel justified in advancing any thing beyond the mere statement of facts, such as the present position of my enquiries warrant, leaving to a future day a more methodical and full investigation of the origin, nature, and progress of this formidable disease, with its appropriate medical and surgical treatment.

The operation consists in passing a small and delicately constructed trocar into one of the lateral ventricles, and drawing off so much of the fluid as the powers of the constitution will admit of. The most eligible spot at which the trocar can be introduced, is in the course of the coronal suture, about midway between the crista-galli process of the ethmoid bone, and the anterior fontanelle, so that the danger of wounding the corpus striatum is avoided, on the one hand, and the longitudinal sinus, on the other. The instrument usually penetrates about two inches, and in most cases the serum has been colourless, but occasionally tinged with blood. In one instance (and that was in the last child operated on at *St. Bartholomew's* only a few weeks since), a large and alarming quantity of fluid blood escaped, most likely from a branch of the meningeal artery. Sometimes, on withdrawing the trocar, the water will not flow until a probe has been passed along the canula to remove portions of cerebrum which block it up. After taking away all the fluid that can be removed consistently with safety, the head, which should always be steadily compressed by an assistant during the operation, may be strapped with adhesive plaster, that it may retain its diminished size, and that the fearful consequences of suddenly removing long-continued pressure from the brain may be averted.

I have now tapped in *nineteen* cases, and of these *ten* were living when last heard of. Several of the children, before the operation, were reduced to the most deplorable condition, having frequent convulsions, with loss of sight, emaciation, &c., but the diminution or disappearance of these symptoms has been very remarkable. In some cases the results have been triumphantly successful; in others, from the reluctance of the parents to have the operation repeated, only temporary relief has been afforded; but none of the children died either during or immediately after the operation; and those which in the subsequent list are reported as dead survived weeks or months after the fluid was withdrawn.

All the operations were performed in the presence of many medical men, and most of them before large bodies of students at *St. Bartholomew's Hospital*, and their progress has been watched by gentlemen who have felt a deep interest in their termination, and although exclusive dependence has been placed on the withdrawal of the fluid, without the auxiliary assistance of any pharmaceutical or other remedial means, yet I consider much of the success is attributable to the kind and able superintendence of medical friends.

Having long entertained a conviction that this deplorable disease ought not to be left without something being done for its relief and cure, and not discouraged by the want of success that had followed similar attempts, and considering "*anceps remedium melius quam nullum*;" it was in the autumn of 1829 that I performed the *first* operation, on Catherine Seager, aged twenty months, whose head had been gradually enlarging during the previous half year. Not more than two ounces of serum flowed, but on a probe being passed into the ventricle (by Mr. Harvey, of Islington), at the close of the day, a considerable quantity of fluid escaped *stillacidium* [*stillatim*], so that during the night it was calculated that the saturated bandages and napkins could not contain less than two pints. Only one paroxysm of convulsions followed the operation, and some symptoms of meningeal irritation which supervened were speedily subdued by leeches and cold evaporating lotions. Two years and a half subsequently I had the high gratification, in company with some friends, to see this child, when the parents left England for America; and it was not only in perfect health of body, without the slightest evidence of its having been the subject of so formidable a disease, but in full possession of its intellectual powers.



The *second* case was that of William Honey, aged eight months. The enlargement of the head had been perceptible about six weeks, and on the 20th of November, 1829, I tapped him at *St. Bartholomew's Hospital*, and withdrew twelve ounces of colourless serum from the right ventricle. On the 2d of December twelve ounces more were withdrawn, and on the 16th an additional ten ounces and a half, making the total quantity thirty-four ounces and a half. This child was progressing most satisfactorily, when it became the subject of whooping-cough, to which intractable disease it fell a victim some months after the last operation.

The *third* operation was performed on William Wilmer, a boy now (March 1838) under a course of education in the Orphan Working School, City road, nearly *eight years* having elapsed since twenty-four ounces of water were taken away by twice tapping him. The history of this interesting case appeared in the *Lancet* of September 15, 1832, by Dr. Caldwell, whose patient he was. That the account may be authenticated and impartial, the following statement is an extract from that communication:—"William Wilmer, aged four months, came under my care in the month of July, 1830. His head was of an enormous size, and had been so from his birth; the forehead was large and prominent, the eyes heavy and somewhat convulsed, frequent hiccup, vomiting, &c. Several gentlemen had seen the case, and they all gave it up as hopeless. In the beginning of August, Dr. Conquest performed the operation upon this child, and immediately the fluid issued forth in a stream, at first clear, and afterwards a little tinged with blood. During the remainder of the day the child continued rather weakly, but was more lively than he had ever previously been, and for some time afterwards the intensity of all the former symptoms greatly diminished. When a month, however, had nearly elapsed, it was considered requisite to repeat the operation, and on the 3d of September Dr. Conquest again extracted a clear liquid to the amount of twelve ounces more. The child sleeps well, eats heartily, is very lively, and is in the full enjoyment of all its mental faculties.

Signed,

H. S. CALDWELL, M. D.

"Sept. 6th, 1832."

Amongst other things mentioned in the paper from which this extract is taken, is the curious fact that the head, which was enormously large at the time of the operation, remained stationary, although the size and strength of the body had gradually increased in proportion to the age of the boy, and now, that nearly *eight years* have elapsed, the head, although still disproportionately large, remains at about the same dimensions.

The *fourth* case, that of Elizabeth Forster, is referred to with more than ordinary satisfaction, not only because it is the one from which the largest quantity of water was extracted (no less than *fifty-five* ounces), but more particularly because I had lost sight of the child for years, and thought it was dead, until, in September last, I received the following most gratifying communication, which I transcribe entire, as it will convey all necessary information of the case:—

"Dear sir:—Being lately on a visit in Buckinghamshire, I was enabled, through the kindness of Mr. Cowley, of Winslow, to see the child, Elizabeth Forster, residing at Little Harwood, on whom you performed the operation for hydrocephalus about *five* years since. Her countenance and general appearance are healthy, her appetite good, and her rest at night undisturbed. She has been attending a school in the village, where her progress has been equal to that of the other children; she answered questions which I addressed to her on this and other subjects with a shrewdness for which her governess says she is remarkable. The greatest circumference of the head measures twenty-two inches; the ossification is complete with the exception of the posterior fontanelle, and two other openings of the same size two inches apart on either side of the median line, in the course of the coronal suture. Her mother showed a lively sense of gratitude for the benefit which she had

experienced under the treatment to which you had subjected her. Yours, &c.

FRANCIS COOK, M. D.

It would be useless at present to detail the particulars of the other fifteen cases, as all that is important will be found in the summary given at the end of this communication: from which it appears that of the nineteen children operated upon, ten were living when last heard of, and nine are dead; but it is only fair to say that as most of these children were amongst the lower classes of society, who are continually changing their residences, several have been lost sight of, and may now, very probably, be dead, although when last seen, some time subsequently to their having been operated upon, they were living.

Of course these operations have been attended with different degrees of success. Unquestionably some are cases of perfect recovery; but, in every instance, there has been a very marked diminution of suffering, and prolongation of life, and in no one case has a fatal termination been accelerated.

Dr. B. G. Babington has analysed the fluid with great care, and states its specific gravity to be 1004. It does not coagulate by heat, acids, and alcohol, and consequently does not contain albumen. Tincture of galls produces no immediate precipitate, but after standing some hours a few brown flocculi subside, proving that it contains a very little gelatine. On evaporation 1000 grains yield 10 grains of solid matter, chiefly chloride of soda, proved by precipitation with nitrate of silver. The liquid therefore contains in 100 parts—

Water . . . . .	99.
Gelatine . . . . .	0.1
Chloride of soda . . . . .	0.845
Other salts and loss . . . . .	.055
	<hr/> 100.000

In no instance has clearly marked congenital disease been permanently benefited, and those cases have done best in which effusion manifestly resulted from inflammatory action, and in which cerebral excitement followed the operation.

The number of cases tapped, with the quantity withdrawn, will be seen in the tabular summary which concludes this brief notice of the subject.

No.	NAMES.	Number of times operated on.	Quantity withdrawn.	Living.	Dead.
			Ounces.		
1	Catharine Seager . . . . .	1	32	1	—
2	William Honey . . . . .	3	34½	—	1
3	William Wilmer . . . . .	2	24	1	—
4	John Hall . . . . .	5	48½	—	1
5	Alfred Parman . . . . .	4	45	—	1
6	Mary Rayon . . . . .	3	26	1	—
7	Charles Discomb . . . . .	2	20	—	1
8	John Ward . . . . .	1	8	—	1
9	John Clauditt . . . . .	2	22	—	1
10	Charles Clarke . . . . .	2	17	—	1
11	Elizabeth Forster . . . . .	5	55	1	—
12	Jemima Evans . . . . .	1	7½	—	1
13	Jane Brocken . . . . .	1	13	1	—
14	Eleanor Maloney . . . . .	1	9	1	—
15	Frances Chiddy . . . . .	4	33	—	1
16	Thomas Norman . . . . .	1	6	1	—
17	Anne Arminio . . . . .	3	31½	1	—
18	James Thompson . . . . .	2	14	1	—
19	John Pratt . . . . .	1	9	1	—
19		44	455	10	9

I feel no ordinary pleasure in thus simply recording the progress of my investigation of this momentous and interesting subject, and shall be most happy to receive from my professional brethren any suggestions that may assist me in attempting to diminish this one source of human suffering and death.

## BIBLIOGRAPHICAL NOTICES.

*Coates's Popular Medicine.*<sup>1</sup>

The present work, as its title imports, is intended rather for the people than for the profession, and is consequently more interesting to the former than to the latter. As a family adviser, the part which is devoted to "Practical Directions for the Treatment of Medical and Surgical Diseases," and the "Remarks on Hygiène," will, we doubt not, be found extremely useful, and supply a deficiency which has existed notwithstanding the works on domestic medicine previously published in this country. We have no objection whatever to such publications where they proceed from competent "advisers." The knowledge of the ordinary symptoms of ordinary diseases, and the appropriate treatment, can be conveyed by a clear thinker and writer in such a manner to the *laity* as to insure positively beneficial results, and if the reader be cautioned not to trust too much to his own judgment, aided by his "adviser," or if the case present difficulties or excite doubts in his mind, to have recourse immediately to the aid of a skilful physician, we can anticipate little or no evil in any case from works of the nature of the one before us. We are not quite so clear as to the propriety of attempting to instruct him on doubtful or difficult points of physiology and pathology, which cannot, consistently with the plan of the author, be adequately expatiated upon, and which are, therefore, rather calculated to confuse the judgment, and to lead, at times, perhaps, to erroneous conclusions. We think that the work before us is not free from objections of this kind; and these objections apply not the less to it in another light, in which it is regarded by its author—as "a useful sketch for young men about commencing the study of medicine," (title). Owing, indeed, to the brevity which the author has felt it necessary to adopt in the statement of his opinions, the reader cannot fail to consider several important physiological and pathological questions positively and definitively settled, on which the best opinions of the profession are as yet by no means in accordance; whilst on other topics that would seem to have been almost, if not entirely, decided, he might suppose that they remain as unsettled as ever. For example,—at the present day few—if any—physiologists entertain the slightest doubt as to the existence of a secretion from the interior of the stomach—of which the muriatic and acetic or lactic acids are constituents—which is the main agent in chymification. If any doubt had previously existed after the experiments of Tiedemann and Gmelin, the case described by Dr. Beaumont ought to have dispelled them. On this subject we have the following remark,—“The changes that the food undergoes in the stomach have been attributed by most to the operation of

<sup>1</sup> Popular Medicine, or Family Adviser; consisting of outlines of Anatomy, Physiology, and Hygiène, with such hints on the practice of Physic, Surgery, and the Diseases of Women and Children, as may prove useful in families when regular physicians cannot be procured; being a companion and guide for intelligent principals of manufactories, plantations, and boarding schools, heads of families, masters of vessels, missionaries, or travellers; and a useful sketch for young men about commencing the study of medicine. By Reynell Coates, M. D., Fellow of the College of Physicians of Philadelphia; Honorary Member of the Philadelphia Medical Society; Correspondent of the Lyceum of Natural History, New York; Member of the Academy of Natural Sciences, Philadelphia; formerly Resident Surgeon of the Pennsylvania Hospital, &c.; edited by several medical friends. 8vo, pp. 614. Philadelphia, 1838.

a peculiar fluid supposed to be secreted by the vessels on the internal surface of the organ, and commonly known by the title of the gastric liquor." "The very existence of this liquor," he adds, "has been denied by some, but it is unnecessary to argue the point in a popular treatise," (p. 75). The argument has, indeed, been rendered partly unnecessary by the work of Combe on Digestion, which was written professedly for the people, and who makes the existence of a gastric solvent the basis of all his observations.

We would note down as matters disputable, or incapable of being appreciated without lengthened discussion,—1. The affirmation of the author, that "the bile is the natural purgative, and its presence is highly necessary to quicken the motions of the bowels," p. 77; and that whenever bile finds its way into the stomach it produces vomiting and is immediately thrown up. [In the case of San Martin, which we had an opportunity of examining with Dr. Beaumont, bile was frequently found mixed with the gastric secretions when they were extracted by means of an elastic gum tube, passed through the aperture into the stomach]. 2. That "when the air is expelled by the lungs it is no longer composed simply of oxygen and nitrogen; a considerable portion of the former gas is no longer seen, and in its place we find an equal bulk of fixed air or carbonic acid gas, formed by the union of the carbon of the blood with the oxygen of the atmosphere," p. 101. [A prevalent opinion now is, that the air passes into the bloodvessels of the lungs unchanged; that the carbonic acid is formed in the course of the circulation, and is given off from the pulmonary bloodvessels, and that there is not an exact correspondence between the quantity of the carbonic acid formed and the oxygen that has disappeared.] 3. That "physiological experiments, and the history of disease sufficiently show that it (the cerebellum) assists in keeping the power of locomotion under the influence of the will, and that it is the seat of the instinct, which tends to the continuation of the species," p. 120; and 4. That, in the cicatrization of a wound or ulcer, in the bond of union, "minute branches of bloodvessels from the neighbouring trunks are found to have penetrated it in all directions, so as to constitute it regularly a portion of the living body." p. 135. [The view that the new vessels are extensions of the old being not only in our minds questionable, but extensively questioned.]

We had noted down some other passages, but will adduce but one, which, it is proper to add, the author himself regards as a "short and very imperfect pathological notice," and which he introduces to show the absolute necessity of a knowledge of anatomy, in order to qualify a man to judge of disease and its management. He is treating of the portal vessels, and their action in the case of common intermittent.

"During the chill, there is an irritation of the bowels which calls the blood strongly towards them. The nerves take the alarm, and cause the capillaries of the surface to contract, the patient becomes pale and cold, and the blood rushes inward. The heart, bowels, lungs, and brain, become oppressed with blood. But, most of all, the portal vessels become enormously distended, and the current of their blood is embarrassed. The liver, and more especially the spleen, swell to a great extent, and the bowels being prevented from evacuating their overloaded vessels into the portal veins cannot properly exercise their functions. If this state of things were to prove severe and long-continued the patient would die, but the heart soon commences with the tremendous effort to urge the blood onward and equalise the circulation. This produces the fever, and the obstacles to the flow of blood in most parts of the body are overcome; in some places it may prove too rapid, the symptoms of the chill are reversed; the stupor of the brain is succeeded, perhaps, by delirium, or the engorgement of the lungs gives place to

inflammation; but the portal vessels are not strong enough to act with corresponding energy, and although the current commences its flow, more blood is still received than can pass on with facility. The liver and spleen continue swelled; the bowels are disordered, and the secretion of bile vitiated, until the paroxysm passes off. Even then these organs may be left in more weakened condition than any other parts. If this attack is often repeated the bowels lose their power, the bile remains constantly defective, the liver and spleen become permanently enlarged, and ague cakes, costiveness, dyspepsia, and nervous debility may render the sufferer miserable to the end of his days."—p. 90.

In all these examples, the error lies, we think, in attempting too much. Space is not readily afforded to admit of argument; and affirmation almost necessarily takes its place. The only popular work in which we have seen the various intricate anatomical and physiological relations of the organism fully and satisfactorily explained is the *Philosophy of Health*, by Dr. Southwood Smith; and one cause of this is, that he took ample space for the enquiry. In all such works, too, the author is disposed to think it necessary to attempt to render certain terms more comprehensible to the vulgar. Thus the author conveys the idea that he regards Charcoal to be synonymous with Carbon, which might mislead. Hypernutrition, too, he substitutes for Hypertrophy or Supernutrition—both as intelligible and infinitely better words, and not liable to the objection, which applies to the first, of being hybrids. Hypertrophy, too, naturally taking its place in our nomenclature along with atrophy.

We have been led into these comments for the reasons already assigned; not from any disposition for hypercriticism, to which—as our readers must have discovered—we are in no wise addicted.

Of the author's professional knowledge we have had occasion to speak in a former number of this journal, and we hope soon to meet with him again, canvassing subjects which cannot fail to interest and instruct the well-informed members of his own profession.

#### *Atticus on Interments in Cities.<sup>1</sup>*

We are glad to see any "hints" adverse to the practice of burying within the precincts of a city, although we may not attach the same value as the author of the pamphlet before us to some of the reasons assigned. Our own views in regard to rural cemeteries have been already given,<sup>2</sup> and we are pleased to learn that as respects the beautiful and romantic cemetery (Laurel Hill) which at that time gave occasion to our brief comments, the public feeling appears to accord entirely with the sentiments we then expressed. It indeed richly merits the patronage of the citizens of Philadelphia.

#### *Syme on Diseases of the Rectum.<sup>3</sup>*

This work, which is published entire in the present number of the "Library," proceeds from one whose surgical celebrity is doubtless well known to most of our readers.

"The diseases of the rectum," Mr. Syme remarks, "have been made the

<sup>1</sup> Hints on the subject of Interments within the city of Philadelphia: addressed to the serious consideration of the members of councils, commissioners of the districts, and citizens generally. By Atticus. 8vo, pp. 22. Philadelphia, 1838.

<sup>2</sup> *Intelligencer*, I. 133.

<sup>3</sup> *On Diseases of the Rectum*. By James Syme, F.R.S.E., Professor of Clinical Surgery in the University of Edinburgh. 8vo, pp. 138. Edinburgh, 1838.

subject of many treatises expressly devoted to their consideration, and it may seem unnecessary for me to increase the number of these productions. But the progress of modern pathology and surgical practice has introduced many improvements that have not yet been fairly brought together, and explained in their application to the management of those complaints which are at present more particularly in view. I have attempted to supply this defect; and by a plain statement of the seat, nature, symptoms, and treatment of different affections which are met with at the extremity of the rectum, endeavoured to assist practitioners in discharging their duty to the patient, and to protect patients against unprincipled or reckless practitioners."—*Preface*, p. iv.

How the author has accomplished this task, the readers of the "Library" have an opportunity for judging.

The work is divided into six chapters,—embracing respectively, fistula in ano, hemorrhoids, prolapsus ani, polypus of the rectum, stricture of the rectum, and spasmodic stricture of the rectum.

#### *Ellis's Medical Formulary.*<sup>1</sup>

The number of editions through which the "Formulary" has passed sufficiently indicates its usefulness. It is still capable, however, of improvement. Many of the formulæ admitted into it are unworthy of retention; and there are several—of the new remedies especially—which might have been added with advantage.

The value of the "Formulary" to the young prescriber cannot be contested.

*Tracheal Concretion without Croup.*—That the other symptoms of croup are often present without the occurrence of any exudation of lymph in the trachea, is matter of frequent remark; but the reverse case, in which a film is formed in the trachea and thrown off, without any accompanying croup, is of much rarer occurrence. In a number of a late foreign journal<sup>2</sup> is an instance of this kind. The patient, about thirty years old, was subject to cough and mucous expectoration. This was aggravated in the present instance by unusual exposure in hunting; three days after he expectorated a considerable quantity of white stringy concretion with relief. After this, at intervals of from eight days to as many weeks, he had attacks of cough, accompanied with hoarseness; and under the influence of these symptoms brought up similar concretions, without pain, and rather, as is described, with a sensation of tickling. These concretions are described as resembling polypus, of a white colour, except when mixed with coagula, and then reddish, without smell, in rounded masses of various size, but in one instance as large as a hazelnut. By throwing them into cold water, they could generally be made to assume the form of the bronchial tube. Small portions of similar matter were sometimes separated without cough. After a course of warm bathing, which relieved the general symptoms, the expectoration was renewed at shorter intervals, was preceded by rattling and followed by hoarseness. No serious inconvenience appears to have been experienced.

<sup>1</sup> The Medical Formulary; being a collection of prescriptions, derived from the writings and practice of many of the most eminent physicians in America and Europe. To which is added an appendix, containing the usual dietetic preparations and antidotes for poisons. The whole accompanied with a few brief pharmaceutic and medical observations. By Benjamin Ellis, M. D., Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy (with a motto). Fifth edition, with additions. 8vo pp. 231. Philadelphia, 1838.

<sup>2</sup> *Wochenschrift für die gesammte Heilkunde*, Mai 13, 1837.

*Intermittent cured by Injections.*—A case of this kind is given, occurring in a German soldier.<sup>1</sup> The subject was twenty-two years of age, and of good constitution. The employment of quinine internally produced nausea and stricture, that of cinchona was without effect. Twelve grains of quinine were thrown into the rectum in solution, combined with the yolk of an egg and a few drops of laudanum. The second injection checked the paroxysms. Ascites, which was present at the same time, gradually disappeared under the use of frictions over the renal region with spirits of turpentine. After an interval of two weeks from the date of the apparent cure, the symptoms returned, and were again dissipated by a renewal of the remedy. To prevent a second relapse, the injections were employed every fourteen days for some weeks, and a permanent cure followed.

*Jefferson Medical College.*—At the recent session of the legislature, an act of assembly was passed, separating the Jefferson Medical College from all connection with the parent institution at Canonsburg, and erecting it into an independent establishment, under the title of the "Jefferson Medical College of Philadelphia." The new charter is of the most extensive kind, giving to the college all the powers possessed by the University of Pennsylvania.

It also provides for the appointment of five additional trustees, to be elected by the members of the old board, who, together, comprise the board of trustees of the new institution.

At a recent meeting of the board, the Rev. Ashbel Green, D. D., L. L. D., was elected president, and the Hon. Judge King, secretary. The following additional trustees were appointed. The Hon. Judge John R. Jones, Hon. Jesse R. Burden, Colonel Samuel Miller, Alderman John R. Vogdes, and J. B. Smith, Esq.

*Louisville Medical Institute.*—We observe by a recent Lexington Intelligencer, (April 13,) that Dr. Charles Wilkins Short, Professor of Materia Medica in the Medical Department of Transylvania University, has accepted the same chair in the Louisville Medical Institute.

*British and Foreign Medical Review.*—Messrs. Adlard and Saunders, of New York, are appointed agents for this review. They have made arrangements to receive the work in future by the first packet after its publication in London, and will supply it at the London price.

#### BOOKS RECEIVED.

*From Prof. T. R. Beck, of Albany.*—Transactions of the Medical Society of the State of New York, Vol. IV., No. 1. 8vo, pp. 24. Albany, 1838.

*On Diseases of the Rectum.* By James Syme, M. D., F. R. S. E., Professor of Clinical Surgery in the University of Edinburgh. 8vo, pp. 138. Edinburgh, 1838.

*From the Author.*—The Annual Report of Dr. Francis T. Stribling, Physician of the Western Lunatic Hospital, made the 29th of May, 1837. Published by order of the Court of Directors. 8vo, pp. 19. Staunton, Va., 1837.

*Hints on the subject of Interments within the city of Philadelphia,* addressed to the serious consideration of the members of councils, commissioners of the districts, and citizens generally. By Atticus. 8vo, pp. 22. Philadelphia, 1838.

*From the Author.*—Annual Address before the New York State Medical Society, Feb. 6, 1838. By James McNaughton, M. D., President of the Society. 8vo, pp. 32. Albany, 1838.

<sup>1</sup> Berlin. Medicin. Zeitung, Jan. 4, 1837.

## AMERICAN MEDICAL INTELLIGENCER.

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No. 4.

## ART. I.—ON THE INTRODUCTION OF AIR INTO THE VEINS.

BY M. VELPEAU.<sup>1</sup>

This subject has recently excited a good deal of interest in France, and has given occasion to various discussions in the Académie Royale de Médecine, of Paris, which were not rendered the less interesting by the presence of our distinguished friend, Professor Warren, of Boston, whose contributions on this point of surgical pathology are full of interest. It will be seen that they are referred to by M. Velpeau.—*Ed.*

The numerous incidental questions which have been raised on occasion of the discussion concerning the introduction of air into the veins, have made the original point be lost sight of. It was desired to know if air can spontaneously enter the human veins during surgical operations; if science possesses facts tending to establish the reality of this accident; and lastly, whether art has any method calculated to prevent or to remedy it; such were the points first debated. In spite of my efforts to keep the discussion within its proper boundaries, it left them almost at the outset, never more to return within them. As I shall not be able to treat the subject again, I think it will be useful to my colleagues, if I publish in detail my researches on the direct question of the introduction of air into the human veins.

Surgical practice had long afforded examples of almost sudden death taking place during certain operations; but these occurrences had been attributed at one time to hemorrhage; at another to the exhaustion of the patients by excess of pain; at other times to terror, and sometimes to syncope. I know myself that patients have died in a few minutes, while the operator was endeavouring to remove a diseased thyroid gland, or a tumour in the axilla; or, to give another instance, that the accident has taken place during tracheotomy, and that no explanation has been attempted except those which I have just given. Modern surgeons, however, not satisfied by these explanations, and recollecting the experiments of physiologists upon animals, have explained such cases by supposing that air entered the veins. The facts of this kind which I have met with are about forty in number. The question is, whether they can be really compared with those which are furnished by experiments on animals, or whether, in any other manner, they contain the proof of the fact in favour of which they are quoted. I consequently think that it will be useful to review them, and give an abridged analysis of them. I shall take care to point out the work where they are to be found, that the reader may refer to all the details, if he thinks proper.

CASE I.—The first instance of the kind which was published in France, occurred in the practice of Bauchéne, at St. Antoine's Hospital, in July,

<sup>1</sup> Gazette Médicale, Février 24, 1838, and Lond. Med. Gaz. March 17, 1838, p. 953.



where the whole length of the perinæum has been torn through, the orifice of the rectum usually remains intact. I have already, in another work, communicated the result of my experience in the treatment of extensive lacerations of the perinæum; the following observations are, therefore, to be considered merely as a supplement to the information then conveyed to the profession. The most recent cases of laceration of the perinæum which have fallen under my notice, are the following:—

CASE 1.—The perinæum of a young woman, twenty-six years of age, pregnant for the first time, and in whom the genital organs were remarkably small, was lacerated to the extent of an inch. I saw the patient six hours after the occurrence of the accident, and having removed the coagulated blood and lymph by which the edges of the wound were covered, I brought the latter together by three sutures. The parts were frequently bathed with warm water, and then some lint, moistened with the lead lotion, applied. On the third day I removed the two common sutures, and on the fourth, the twisted one. The union was perfect. The continued use of the Goulard's lotion removed, in a few days, some inflammatory tumefaction of the labia.

CASE 2.—Laceration of the perinæum, to the extent of an inch and a half, occurred in a female thirty years of age, while giving birth to her third child. I saw the patient ten hours after delivery; the wound was clean, and its lips filled with firm coagula. I applied four sutures; two common, two twisted. The dressings were the same as those employed in the preceding case. On the third day the edges of the wound appeared united, as far as the commissure. I now removed the anterior suture and allowed the rest to remain until the fifth day. Up to the eighth day the knees were bound together with a handkerchief. The union now appeared to be solid, and the conformation of the external genital organs was not, in the slightest degree, modified.

CASE 3.—A young woman, twenty-two years of age, fell from a height of a few feet, and struck the perinæum against the edge of a stool. On examination, the genital organs were found considerably swollen, the vagina full of coagulated blood, and the left side of the perinæum lacerated to the extent of half an inch. Two twisted sutures were immediately applied, and the antiphlogistic method of treatment had recourse to. The inflammation was thus quickly subdued, and the sutures removed on the fourth and fifth days: the cure was complete. An œdematous tumefaction of the surrounding parts, which persisted for several weeks, was removed by the use of Goulard's lotion.

CASE 4.—A young married woman, twenty-four years of age, fell upon a porcelain chamber utensil, which broke into several fragments and wounded the perinæum in various directions. Both labia were divided in different places, and one wound extended backwards for about the length of an inch, through the middle of the perinæum. There were also several deep, long wounds in the parietes of the vagina, from which I extracted some fragments of porcelain. The patient had lost a considerable quantity of blood, and lay in a state of complete syncope. After having cleansed the wound and the vagina with injections of cold water, I applied a number of sutures at the different points which seemed to require them. The parts were covered with lint moistened in a cold lotion; leeches were applied to the inflamed organs, and a strict regimen enjoined. The whole of the wounds were quickly united, with the exception of one small one, which suppurated, but finally healed in a few weeks. The patient, since then, has given birth to several children, and the cicatrices have remained perfect, not one having given way during labour.

CASE 5.—A female, thirty years of age, suffered under incipient prolapsus of the uterus. The genital organs were remarkably relaxed and large, but the perinæum, on the contrary, very small. It was, however, impossible to determine whether the enlargement of the entrance of the vagina and the narrowness of the perinæum were the consequences of a trifling laceration, or of simple dilatation. I immediately determined on having recourse to

**Fricke's operation**, and, after having divided with the scissors the posterior angle of the fourchette, I applied eight sutures, partly twisted, partly common. In addition to these, I placed a couple of fine ligatures inside the vagina, through the edges of the mucous membrane. The operation was attended with complete success. After removing the sutures, the breadth of the perinæum was found to be considerably increased, and the orifice of the vagina contracted within reasonable bounds.

**CASE 6.**—Laceration of the perinæum, of a portion of the vagina, and several inches of the rectum, occurred in the person of a female twenty-six years of age, during her first labour. Six or eight hours after the accident I was called in, and commenced by closing the wound in the wall of the vagina with five or six sutures. I then treated the rectum in the same manner, and finally closed the lacerated wound of the perinæum, partly with common, partly with twisted sutures. The parts were constantly cleaned with lotions and baths, but the obesity of the patient prevented the local treatment from being followed up in as efficacious a manner as was desirable. When the sutures came away the greater part of the perineal wound was found to be ununited, but a portion, near the anus, had healed. In this case the application of the suture was only partially followed by success; the patient, however, was able to retain both fluid stools and flatus.

**CASE 7.**—The next case was a still more difficult one, although the result was more fortunate. It occurred in the person of a woman forty years of age; during a difficult labour the perinæum, half the vagina, and an inch and a half of the rectum were lacerated. I visited the patient on the following day, and immediately judged that the case would be one of extreme difficulty, for I had seldom seen a more corpulent woman. The abdomen hung down over the middle of the thighs, and the labia were of enormous dimensions. Having placed the patient in a convenient posture and removed the coagula of blood, &c., I first brought together the edges of the wound in the rectum with four points of suture, and then applied a strong suture to the lacerated portion of the vagina, bringing the extremities out through the vulva; complete coaptation of the wound in the vaginal parietes was obtained by four other sutures of lesser dimensions; finally, the wound in the perinæum was united by two common sutures, and two twisted ones. The tumefaction of the parts prevented me from making any examination on the following day, and we were compelled to confine ourselves to the simple use of warm fomentations and injections. Several of the sutures which had been placed on the perinæum and vagina had begun to cut through the tissues on the third and fourth days, and were all removed on the sixth day. The anterior part of the perinæum, as well as the lower portion of the vaginal wound, were now found to be ununited, and the latter communicated through a small opening with the rectum. The parts were frequently washed with a strong decoction of chamomile flowers, and the process of granulation thus encouraged. After the lapse of a few weeks the opening between the vagina and rectum was closed, and the whole of the lacerated parts in the perinæum were united, with the exception of a small slit at the anterior part.

**CASE 8.**—In the following case several obstacles impeded the operation and diminished the chances of cure:—A woman of nervous temperament and feeble constitution, twelve years anteriorly, while giving birth to her first child, met with a very severe accident, a considerable portion of the vagina, the whole of the perinæum, and two inches of the rectum, having been torn through. On examining the unfortunate woman I found the genital organs and the rectum united by a large open slit, and it was scarcely possible to determine at what point the perinæum had formerly existed. I operated, in this case, in the manner which I commonly adopt under similar circumstances. I freed the rectum a little laterally, in order to conserve its proper diameter, then refreshed all the edges of the injured parts, and united the rectum with five, the vagina with six, and the perinæum with four sutures. The parts now presented a pretty natural appearance, and as no tension existed I did not think it necessary to have recourse

**CASE XI.**—In the third case attributed to M. Clémot, the subclavian artery was tied. A small vein had been opened, and a respiratory sound was heard; but the sound was stopped by putting a finger on the vein, and it was thus allowed to reappear, and made to cease, several times. No bad symptom followed, (*Gaz. des Hôpitaux*, tom. iv. p. 95; Putegnat, in the thesis above quoted, p. 38.)

Dr. Warren, a distinguished surgeon of Boston, published two cases in the American journals in 1832, and has again related them in an interesting work which he has lately published, (*Surgical Observations on Tumours*, 1837.) They are to be found also in the *Gaz. Méd.* for 1833, p. 226, and in the *Arch. Gén. de Méd.* t. xxxi. p. 419. To me, however, they seem to have been admitted as evidence in the present discussion without sufficient reason.

**CASE XII.**—W. Buril, aged sixty, had a cancerous swelling in the right parotid region and on the face. In laying bare the carotid artery, which he wished to tie, Dr. Warren opened a vein, on which he heard a sound like that of air-bubbles passing through water. The patient said he felt ill, and apoplectic symptoms followed. The temporal artery was opened, and the symptoms began to go off at the end of two hours. The next morning they had entirely disappeared, (*On Tumours, &c.*, p. 298.)

**CASE XIII.**—While dissecting a tumour out of the axilla of a patient named Nancy Barker, Dr. Warren heard an indistinct bubbling or clucking sound; the patient became insensible, and her respiration was apoplectic. In spite of stimulants, the introduction of brandy into the larynx, tracheotomy, and blowing air into the lungs, the patient died in a few hours. Post-mortem examination was not allowed, (*op. cit.* p. 259.)

If I am not mistaken, these cases are not of a kind to satisfy all the demands of the critical. In the first one, we see hardly any of the characteristic symptoms which indicate the entrance of air into the veins of animals; and the patient did not die. In the second, only a small subscapular vein was opened, almost an inch distant from the trunk of the axillary. Moreover, those apoplectic symptoms, lasting several hours in a patient who remained insensible, in whom the temporal artery was opened, who was exposed to the vapours of ammonia, into whose bronchi alcohol was introduced, and on whom laryngotomy was performed, have but little resemblance, as it seems to me, with the results of our experiments. All that one can say is, that the veins opened in these two patients were in a part where the entrance of air is, in truth, possible.

**CASE XIV.**—A case mentioned by M.M. Putegnat and Guérétin, in their theses, and attributed to Mr. Hodge, or Lodge (*Gaz. Méd.* 1833, p. 27), seems stranger than any which I have hitherto cited. If we were to believe this physician, a patient died suddenly from the entrance of air into his veins, at the very instant that Dupuytren had opened the internal saphena!

This case, however, which nobody knew of at Paris, and which has come back to us from America, where it was communicated to Dr. Warren by the author, is too improbable to deserve discussion.

**CASE XV.**—M. Puydebat (*Gaz. Méd.*, 1833, p. 498), and M. Forget (*Transact. Méd.* t. x. p. 75), have published the case of a young woman, aged eighteen, who was operated upon by M. Roux, in 1832, for a lymphatic tumour in the parotid region. While removing the tumour a hissing noise was heard; the patient immediately cried out and was violently agitated. A fainting fit followed, but did not last long. The patient went on well for several days, and did not die till the end of a week. Air-bubbles were found in all the vessels!

Although it is true that some of the symptoms which are produced by the entrance of air into the venous system occurred in this instance, still it is impossible to consider the thing as proved, and not rather to believe that it was merely a case of syncope. In the first place, we do not know what vein was opened; and as death did not take place till seven days had elapsed, it is unquestionable that it did not arise from the air which might have reached the heart during the operation.

**CASE XVI.**—In the *Gaz. Méd.* of 1833, and in the the thesis of M. Putegnat, the following case is to be found, communicated by M. Duplat, M. Goulard, wishing to remove a cancer which extended from the breast to the axilla, injured a vein which he believed to be the axillary, from which, however, but little blood flowed. At the same instant the patient was seized with convulsive movements of the face, and died. The body was not examined.

I would not maintain, certainly, that the death of this woman was not caused by air entering the veins; but I cannot help saying that no proof of this is to be found in M. Duplat's case. When the particulars are so vague, it is impossible that a case can prove any thing.

**CASE XVII.**—I will say the same of a case taken from M. Ulrich, (*Journ. des Conn. Méd.-Chir.* tom. ii. p. 91, or in the *Berlin Med. Gaz.*) In extirpating a tumour from the neck, the internal jugular vein was opened. A hissing sound was heard, and death ensued in a minute. The right auricle was distended with air, and contained no blood. There was black and fluid blood, but no air, in the corresponding ventricle.

Now, it is certain that in animals death never ensues in a minute; that the auricle contains both blood and air; that it is the same with the ventricle; and that far from being black, the blood is always of a very bright red.

**CASE XVIII.**—The same remark may be applied, with still more force, to Mr. Barlow's cases. While removing a tumour from the cheek, he divided some varicose veins; a fainting fit occurred, which he attributed to the entrance of air into the veins, though the patient soon came to herself again.

**CASE XIX.**—In the other case, Mr. Barlow was extirpating a tumour from a woman's neck, and, while dissecting the skin, he heard a hissing, and a gurgling; the patient died suddenly, without sighing or convulsions. The body was not examined.

Thus, in one instance, it was in the cheek, and experiments show us that in this part the veins do not absorb air; in the other instance, the vein opened could only be the external jugular at most; death was sudden, and without convulsions; and yet it is never so in animals! Moreover, the absence of cadaveric examination makes the case quite incomplete.

**CASE XX.**—A case published by M. Rigaud (*Quelques faits de Pratique Chirurg.*, Paris, 1836) is less known than the preceding ones.

In exposing the subclavian artery to cure an aneurism in the axilla, he was enlarging the external incision, when he opened a vein which he believed to be the external jugular. A peculiar sound, a sort of respiration, was heard three times. Nevertheless, M. Rigaud, who was much alarmed (from recollecting Dupuytren's case), found that no bad symptom supervened. The patient died six weeks afterwards, from causes which had nothing to do with the entrance of air into the veins.

We have evidence here of the existence of the sound, of the exit of air-bubbles from the ends of the divided vein, of a sort of bubbling at the bottom of the wound, and yet no particular symptom appeared affecting the visceral functions! We are, therefore, in some measure forced to conclude either that M. Rigaud was deceived, or that the introduction of a large quantity of air into the veins is not always dangerous.

**CASE XXI.**—In passing to the examination of the case which, next to that of Dupuytren, has most excited public attention, I mean M. Roux's, I meet with a mixture of circumstances amidst which it is difficult to find conviction.

A man of good constitution was admitted into the *Hôtel-Dieu* for a burn, which affected nearly the whole right side of his head, a great part of the hip and of the thigh of the same side, and which had, so to say, sphacelated the whole of the arm up to a short distance below the shoulder. After having first refused to allow the disarticulation of the arm, he consented to it four days afterwards, namely, on the 30th of April, 1836, and was carried

to the operating-room in the beginning of the period of reaction. M. Roux had hardly cut the posterior flap in the deltoid, when he perceived that the patient was pale, and seemed to be going to faint. The capsule was speedily opened; an assistant compressed the axillary vessels, and the disarticulation was finished by cutting the internal or anterior flap, after Desault's manner. But the patient had given no sign of life, and it was impossible to revive his circulation. Some of the bystanders afterwards said that they *thought* they had heard a sort of noise, a hissing. On examination, gases were found in the vessels and the heart, (*Journ. des Conn. Méd.-Chirurg.*, t. iv. p. 108. *Revue Méd.*, 1836, t. ii. p. 417.)

One cannot help remarking, that in this case a crowd of data are wanting, and that it does not fulfil the conditions mentioned in the account of the direct experiments relating to the entrance of air into the veins. It is not very certain that a sound was heard; and the opened veins were at most but scapular branches of the internal jugular. Death was sudden, without premonitory symptoms, and without convulsions. There was no frothy fluid in the heart, and the air spoken of is very imperfectly characterised. Lastly, is it necessary to have recourse to the entrance of blood into the veins in order to explain the death of a patient suffering from so enormous a burn, while undergoing disarticulation of the shoulder?

CASE XXII.—While this discussion was going on in the academy, M. Duportail was made to say, that Dupuytren had lost another patient by the introduction of air into the veins, while he was endeavouring to remove a tumour from the axilla, (*Gaz. Méd.* 1837, p. 757. *Lancet. Franç.* 1837, p. 422.)

These journals add, that in this same operation the accident has happened six times to M. Roux and other practitioners; but every thing combines to show that these are mere assertions, without proofs, arising from some mistake, or only founded on hearsay.

CASE XXIII.—The following extract is found in the *Bulletins de l'Académie* (t. i. p. 132.) M. Delaporte, while removing a tumour from the neck of a woman, aged sixty, was alarmed by a hissing sound, and the occurrence of syncope. However, this accident had no bad consequences, and the woman recovered perfectly.

In this case we see that the jugular vein may have been wounded, and that the air may have entered it. But allowing this to be established, we must conclude that this accident is far from being always fatal, being the same conclusion which we unquestionably derive from our experiments on living animals. On the other hand, it must be allowed that the case is insufficient for conviction.

CASE XXIV.—I must say the same of a case published by M. Malgaigne, (*Gaz. Méd.* 1836, p. 167.) In removing the jaw, and the ganglia of the neck, he opened the external jugular. The hissing, which has been erroneously called a characteristic sound, was heard; but no bad symptom followed.

CASE XXV.—Let us see how far the case communicated by M. Amussat himself is conclusive. He was extirpating a tumour from the breast of a woman, aged forty-seven, when a stroke of the bistoury, carried below the clavicle, in order to separate some scirrhous granulations, was followed by a jerking noise, as it were in a zig-zag direction. The patient said she was dying, and almost fainted. The wounded spot was compressed, and a jerking compression (*compression saccadée*) was also applied to the chest; the fainting was not followed by any bad symptom, and the operation was terminated without any other accident, (*Bull. de l'Acad.* t. i. p. 894.)

Here the breast was operated on, and the incision was made several inches below the clavicle. Nothing could be opened there but some branches of the mammary veins; a zig-zag noise was heard; the patient said she was dying, and then came to herself again. It seems to me that all this is far from proving that air entered the heart, and that it is difficult to find a less conclusive fact.

**CASE XXVI.**—At the same period a case of the kind occurred to me, which I communicated to the Academy, (Bullet. t. i. p. 896.) While I was removing by its base a tumour of the neck, which extended to the carotid vessels, in a woman of about thirty-six, I opened the internal jugular vein. An evident hissing sound was heard; a kind of bubbling was then perceived at the bottom of the wound; and the patient, like the former one, cried out that she was dying, and fainted away. I made an assistant place his finger on the orifice of the vein, and finished the separation of the tumour with a stroke of the bistoury. I had immediate recourse to the remedies employed for common syncope, and the symptoms soon disappeared. The woman left the hospital a month afterwards, the very day that M. Amussat communicated his case to the Academy.

Undoubtedly this case has some points of resemblance to what is observed in direct experiments upon animals. The sound and bubbling caused by the agitation of a mixture of blood and bubbles at the bottom of the wound, this immediate tendency to fainting, accompanied by anxiety and slight convulsive movements, are altogether something striking and surprising. When I saw all this combined in this patient, I must confess that I was alarmed. Yet, would it be possible for me at present to demonstrate that these symptoms were produced by air entering the veins? Are all the elements of well-founded conviction present in this case? I cannot venture to affirm it.

**CASE XXVII.**—M. Malle has related a case nearly resembling mine, (Presse Méd. p. 463.) The internal jugular vein was opened, while M. Begin was extirpating a tumour from the neck, and a sound was heard like that which is caused by emptying a narrow-necked bottle, (in French, *glou-glou*.) No particular symptom, however, supervened!

**CASE XXVIII.**—According to M. Guérétin (Thèses, Paris, 1837, n. 194,) it would seem that an accident like Dupuytren's happened to M. Mirault, of Angers.

While dissecting out a tumour on the right side of the neck, M. Mirault, who had undoubtedly wounded the internal jugular vein, heard a hissing noise, followed by a second and third sound of the same kind. Tetanic movements took place; but the patient came to himself at the end of eight minutes, was comfortable afterwards, and had not lost twelve ounces of blood. Three hours afterwards he died suddenly.

I would not deny the possibility of air having entered the heart in this instance, as the operation was performed near the internal jugular vein; but I cannot help remarking, that air does not kill animals after three hours of tranquillity. The want of a post-mortem examination, too, deprives this case of its chief value.

**CASE XXIX.**—In operating upon a woman for cancer of the breast, and while asking her to move the arm away from the body, M. Toulmouche observed that the incision made by M. Duval was immediately followed by a hissing sound, resembling that of a loud respiration, somewhat prolonged. The patient fainted, and the bystanders thought her dead; but she soon came to herself, and ultimately recovered all her senses, (Bullet. de l'Acad. t. ii. p. 146.)

Here a small vein only could have been touched, belonging to the trunk neither of the axillary nor the subclavian; so that it would be difficult to deduce any thing very exact from such a case.

**CASE XXX.**—Another instance is mentioned in M. Putegnat's thesis. He says, that a case had just been told him of a man, who, being struck with apoplexy, was immediately bled from the jugular vein. After this bleeding he died suddenly, and air was found in the right auricle, (Thèse, n. 156, p. 41. Paris, 1834.)

One does not immediately see why this patient is supposed to have died from the introduction of air into the veins, rather than by apoplexy. Moreover, doubtful facts cannot be cleared up by examples of which the particulars are so vaguely given.

**CASE XXXI.**—Here is another case still more extraordinary. A woman, seven months pregnant, was attacked with flooding. M. Maugeis bled her in the arm; but eight ounces of blood had hardly flowed when the patient uttered a plaintive cry and died! Nothing was found upon post-mortem examination.

What can we say of a case like this? "If death was not caused in this instance by the entrance of air into the veins," cries M. Maugeis, "what could have caused it?" Were I in this practitioner's place, my answer would be an easy one; I should content myself with saying, "I know nothing about it."

**CASE XXXII.**—M. Dubourg has just communicated another, which is as little conclusive. M. Roux, who has brought it forward, says so too. Such are the principal facts which I have been able to collect concerning the introduction of air into the human veins. Assuredly, it would be possible to add others, if it were allowed to insert every case of sudden death occurring during a surgical operation without any satisfactory reason. We might thus, for example, explain the almost instantaneous death of a patient on whom tracheotomy was performed at the Hôtel-Dieu, in 1835, by M. Trousseau; as well as of several of the persons who have died while it was attempted to remove a tumour of the thyroid gland; but as no one has spoken of the introduction of air in these cases, it is useless to dwell upon them. Animals themselves are sometimes subjected to operations which have caused the same accidents, and the same opinions, as in man. Veterinary surgeons have long known, for example, that opening the jugular vein of a horse may suddenly kill it, as I have already said.

**CASE XXXIII.**—M. Boulay, junior, long since published, in the *Journal de Physiologie Expérimentale*, a fact which he has again brought forward in the present discussion, and which M. Putegnat mentions in his thesis (p. 32); a fact, too, which is not without its value. He had bled a horse in the neck, and at the moment when he was raising the vein in order to sew up the incision, he heard a peculiar sound, and the animal was seized with trembling, and soon fell down. The blood, however, by continuing to flow, gradually dissipated these symptoms, and the horse soon recovered itself.

**CASE XXXIV.**—An exactly similar case has been since reported by M. Gérard, (Putegnat, Thèse, &c. p. 32.)

**CASE XXXV.**—I have already said that a similar example was related by Verrier, as long ago as 1806.

**CASE XXXVI.**—M. Leblanc has told me that he knows of six other cases of the same kind.

These are good examples of the first symptoms which follow the introduction of air into the veins of the horse; and it is difficult to avoid seeing in them, also, a part of those which have been pointed out in man. It will be confessed however, that all this is not conclusive, and that facts like these could not be allowed to count in science unless the principal question were removed from the discussion.

**CASES XXXVII., XXXVIII., and XXXIX.**—Even before the experiments of Nysten, the elder Legallois pointed out, in 1809, symptoms which he attributed to the introduction of air into the veins, and which would be much more surprising even, than all that is asserted in the present day, if we were obliged to accept the interpretation which he gives of them. Thus, Legallois says, that he has three times seen rabbits die suddenly immediately after bringing forth; and this happened because the atmospheric air, penetrating as far as the cornua of the uterus, entered into the venous system and the heart, (Putegnat, Thèse, p. 25.)

I do not know whether Legallois is not the experimenter of whom Nysten says that he has to complain; but, assuredly, the facts which he puts forth will not convince any physiologist who has been present at modern experiments.

Nor do I think that much more reliance will be placed in Legallois the

younger, who refers *en passant* to his father's experiments, (Journ. Hebdomadaire, t. iii. pp. 183, 184,) and who maintains that the cases of sudden death in some women, shortly after delivery, probably arise from air having entered the veins of the uterus. This is too much opposed to all that later researches have taught us to be now admitted into science.

(To be concluded in our next.)

## ART. II.—EFFICACY OF THE EXTRACT OF OLIVE BARK IN INTERMITTENT FEVERS.

The following article is from an abstract of the *Actes de la Société de Médecine*, of Dijon, contained in a recent French periodical.<sup>1</sup>

Dr. Bideau, Physician to the Hospital of Saint-Omer, appears to be the first who advanced that the olive leaves should be considered as one of the best succedanea for cinchona. Some Spanish physicians, and several French *Officiers de Santé*, who were in Spain during the war of 1808 to 1813, used this means successfully, the febrifuge properties of which are traditional in that country; and the experiments made by Drs. Rampon, Brassier, Savarési, Fabre, and others, in Estremadura, during the years 1810 and 1811, were so positive as to determine Dr. Pallas, a physician attached to the army, to analyse the leaves and bark of the olive, which was most frequently administered in powder, in aqueous or vinous solution. Dr. Cuynat, having witnessed its efficacy, made fresh trials of the extract of this vegetable, and reduced it as well as he could to its most active elements; and the results which he obtained, joined to those previously acquired by the army physicians in Spain, appeared to him sufficient to establish, in the most peremptory manner, the febrifuge property of the olive. In proof of those properties, Dr. Cuynat communicated to the Society of Medicine of Dijon fourteen cases, which confirm its efficacy with the chemical analysis made by Dr. Pallas, extracted from a work which he has published on this subject. The following is a summary of Dr. Cuynat's experiments:—

- 1st. Quotidian; half a dram of olive bark. The paroxysm was arrested. Total of the febrifuge administered, a dram.
- 2d. Quotidian; half a dram. The paroxysm arrested. Total, one dram.
- 3d. Quotidian; half a dram. The paroxysm arrested. Total, one dram.
- 4th Quotidian; half a dram. The paroxysm retarded and weakened for three days. Relapse eight days after, caused by the influence of a storm of rain, arrested by one dram. Total, three drams and a half.
- 5th. Tertian, accompanied with a phlyctenoid eruption; preliminary antiphlogistics; half a dram. Paroxysm arrested. Error in diet; slight relapse; prompt cure. Total, three drams.
- 6th. Quotidian, preceded by abdominal pains, in a very irritable subject; antiphlogistics, then half a dram. Next paroxysm milder. Total, two drams.
- 7th. Bronchitoid tertian. Entered the 18th of September, discharged the 15th of October; twenty-seven days. Total, two drams and a half.
- 8th. Bronchitoid quotidian. Entered 17th of July, discharged 7th of August: twenty-one days. Total, a dram and a half.
- 9th. Relapsed tertian. Entered, after the sixth paroxysm, 6th of May, discharged the 19th: thirteen days. One dram.
- 10th. Quartan. Entered on the 26th of June, after the third paroxysm, discharged on the 12th of July: sixteen days. Total, a dram and a half.
- 11th. Bronchitoid tertian. Entered the 7th of June, discharged the 1st of July: twenty-three days. Total, two drams.

<sup>1</sup> *Revue Médicale*, Octobre, 1837.



The administration of this remedy was sometimes preceded by general, seldom by local, bleedings, in cases where the inflammatory state of one of several organs showed itself with violence during the paroxysm. The extract of olive bark was only used after the well-marked failure of other febrifuges, and even sulphate of quinine. "We have seldom," says M. Cuynat, "exceeded one dram of the extract diluted with simple water or a mucilaginous julep, according to circumstances. This dose, given some hours before the paroxysm, has often been sufficient in the first attack to prevent a return. In other cases, and they were extraordinary exceptions, three drams were necessary, and sometimes even more; the quantity most commonly employed, and what was sufficient in eight tenths of the cases, was from a dram and a half to two drams, whatever might be in other respects the violence and type of the fever.

The above experiments were made in Spain in 1824 to 1827, in Catalonia, upon the shores of the Mediterranean. The following were performed in France, and at the garrison at Verdun-sur-Meuse, where intermittent fevers of every type are almost endemic. M. Cuynat resolved to try if the extract of olive bark had the same efficacy in that climate. The results were exactly the same, as proved by three experiments made in March and May, 1829, of which the following is a summary:—

1st. Tertian of three days; half a dram. Slighter paroxysm two hours earlier; cure. Total, two drams.

2d. Tertian of three days; half a dram. Two paroxysms more, but weaker, the second of which was two hours earlier; cure. Total, two drams.

3d. Tertian of three paroxysms; half a dram. Milder paroxysm, three hours later; cure. Total, two drams.

In these three cases the paroxysm occurred at one o'clock in the afternoon, at four and at seven o'clock in the morning. M. Cavari obtained similar results, using still smaller doses.

The pharmaceutical preparations of the olive are of the most simple. The bark, which must always be preferred to the leaves, may be given in powder, in aqueous, vinous, and alcoholic infusion, in decoction, and especially in extract and syrup. Of all these, the most preferable, and the one adopted by M. Cuynat, is the extract, which may be dissolved in an appropriate liquid, such as a mucilaginous julep, or more simply in an equal quantity of an aqueous vehicle, or it may be administered in the form of pill, in the dose of half a dram to a dram to adults, taken twice during the apyrexia.

The syrup is a valuable medicine for children, and M. Cuynat has administered it with advantage to very young subjects, who are of cachectic, weak, anemic, and lymphatic temperaments. It is a revulsive tonic, which will only succeed in the hands of a discriminating practitioner, who is capable of selecting the opportunity for its employment. It is prepared by boiling in eight pints of spring water one pound of the finest dried bark of the olive. It is then strained and evaporated to one half. The liquid being cooled, it is to be decanted so as to separate the resinous matter which is precipitated by refrigeration. The necessary quantity of sugar must then be added, after which it must be clarified and boiled to the consistence of syrup, which is to be kept in well-closed bottles. The dose is an ounce, divided into two or three portions, given to children in the apyrexia of intermittent fevers.

The memoir of M. Cuynat is terminated by extensive details of the analysis to which M. Pallas submitted the leaves of the olive bark, which have been inserted in the *Mémoires de Médecine Militaire*.

## ART. III.—ON THE REMOVAL OF CAPSULAR CATARACT THROUGH THE SCLEROTICA.

BY RICHARD MIDDLEMORE, SURGEON TO THE BIRMINGHAM EYE INFIRMARY.<sup>1</sup>

There are certain forms of capsular cataract which are not oftentimes removed by the surgical methods now employed, without considerable difficulty. It is my object, in the present communication, to make some remarks,—1. On the various forms of capsular cataract, and on lamellar lymphatic (false) cataract; 2, On the means usually employed for their removal; and 3, On a new mode of operating, by the introduction of an instrument through the sclerotica.

*Pathological states of the Eye to which the Operation about to be proposed is adapted.*

1. Primary double capsular cataract is represented by Gibson to be in some instances congenital: but I do not remember to have seen a single instance tending to confirm this opinion. It consists of an opacity of the two layers of the capsule, which are generally tough and thick, sometimes united by an organised medium, but more generally in mere apposition. This form of cataract may or may not have contracted abnormal adhesions to surrounding parts.

2. Another condition of disease, to which the operation I am about to suggest is especially adapted, sometimes succeeds the operation of keratonyxis, performed on the eyes of children suffering from soft lenticular cataract; and this is particularly liable to happen if the operator neglect to lacerate the anterior capsule very freely at the first operation.<sup>2</sup> The condition of disease produced very closely resembles that which is left when congenital cataract has been suffered to remain until adult age; that is, the lens is absorbed, the anterior and posterior layers of the capsule become opaque and thickened, the anterior capsule falls down upon the posterior capsule, and these two layers constitute, in effect, a tough membrane, firmly fixed in its situation by other than its normal extent of connection.<sup>3</sup>

3. A portion of capsule may be left behind, after an operation for extraction, by a careless and defective operator—perhaps, indeed, by an attentive and skilful one; and this, in as far as it may seriously impair or destroy vision, may require removal.

4. After the operation of extraction (the anterior capsule being freely lacerated, and the lens readily removed), the posterior capsule may inflame, its texture may be rendered thick and opaque, and strengthened by intertextural lymphatic deposition (*secondary posterior capsular cataract*), or a layer of lymph may be deposited upon its surface (*lamellar or membriform lymphatic (false) cataract*). However, secondary capsular cataract, or opacity of the posterior capsule, the anterior capsule and the lens being removed from the axis of vision or absorbed, is now somewhat rare, owing to the comparative disuse of depression and reclination, and to the improved mode of operating for extraction, by which the posterior capsule is either quite uninjured or entirely removed from the axis of vision at the time of the operation.

*What forms of Operation are usually employed for the removal of the preceding conditions of disease?*

Wenzel<sup>4</sup> advised, that whenever the capsule has become opaque after the

<sup>1</sup> London Medical Gazette, April 7, 1838, p. 56.

<sup>2</sup> See my remarks on this subject in the British Annals of Medicine, No. 19, reprinted in the Continental and British Medical Review, No. 4.

<sup>3</sup> This condition of disease is fully described in one of my clinical lectures on Congenital Cataract, published in the London Medical and Physical Journal, for June, 1833.

<sup>4</sup> Wenzel on Cataract, by Ware. 1791.

displacement or extraction of the lens, it (the opaque capsule) should be removed by a small forceps introduced through an opening made by his extraction knife in the cornea.

I can scarcely tell what was the method advised by Saunders: he appears to have relinquished the matter in despair, for he states that the united capsules resulting from the long continuance of congenital cataract constitute a substance "which the surgeon will in vain endeavour either to extract or depress."<sup>1</sup>

The treatment proposed by Gibson was essentially the same as that advised by Wenzel, except that the incision of the cornea was smaller, the opaque matter being punctured with the point of the knife, and removed by a hook instead of a forceps.<sup>2</sup> His directions upon the subject are very minute, and are marked by great precision. Since the appearance of Gibson's little publication, no material improvement in the surgical mode of treating the *primary double capsular cataract*, requiring particular notice, has taken place.

In performing this—which may be called Wenzel's and Gibson's—operation, we find that the part divided is transparent, and anterior to the pupil; we find, also, that several instruments are generally used; that the operation is liable to be greatly protracted; and that a necessity for the frequent introduction of instruments may arise. Sometimes the operation cannot be effectually completed; sometimes serious inflammation occurs, and the patient's vision is destroyed by a condition of disease far more difficult of relief than that the operation giving rise to it was intended to remove. I have seen these inconveniences take place even in the hands of those accustomed to practise ophthalmic surgery. It is the main object of this paper to propose a more simple and perfect method of cure. By this method, the tough opaque membrane is drawn through the opening in the sclerotica by an appropriate instrument—by an instrument which shall admit of easy introduction, which shall not make a large wound, and which shall be so constructed as to grasp and withdraw, through the sclerotic aperture, the opaque membrane. The instrument I have had made consists of a fine spear-sharped needle, inclosed by the points of a forceps, so adapted as to form a continuous and smooth surface when employed in puncturing the sclerotica; but, when duly introduced, the needle is withdrawn, the blades of the forceps (by being in the minutest possible degree retracted) slightly severed, and adapted to some convenient part of the membrane, which is then grasped and withdrawn. I am not, however, satisfied with this instrument, and hope some of the readers of the Medical Gazette, whose ingenuity is not so much *below par* as mine, will be able to perfect the construction of this; or, by having their attention drawn to the subject, devise some more convenient instrument for the purpose. It has occurred to me that a delicate flattened trocar and canula may be constructed: with this the sclerotica may be punctured at a suitable distance from the margin of the cornea; the sharp needle, or flattened trocar, may be withdrawn, and through the canula a fine and properly adapted forceps (made of a material resembling very fine watch-spring) may be passed through the flattened canula within the eye, when, on appearing at the extremity of the canula, it (the forceps, in right of the material of which it is made) will sufficiently expand to seize the tough membrane. By a slight impulsion of the canula, the blades of the spring forceps are closed upon the whole membrane, and the instrument is then withdrawn. It is intended that the needle, or flattened trocar, shall be very small, shall project but very little beyond the extremity of the canula, and shall be so introduced that its point shall pass through the opaque membrane; upon which, on the removal of the needle, it is intended the canula

<sup>1</sup> A Treatise on some Physical Points relating to the Diseases of the Eye, p. 156. London, 1816.

<sup>2</sup> Practical Observations on the Formation of an Artificial Pupil, &c., p. 127. London, 1811.

shall rest. The spring forceps being introduced, may be so manœuvred that one blade shall pass through the aperture made by the needle in front of, and the other behind the opaque membrane. This manœuvre may, I think, be readily enough accomplished without causing the escape of at least any material quantity of the vitreous humour, by a slight elevation of the external extremity of the canula.

*Operation performed on the eye of a young rabbit.*—I carefully punctured the lens, by passing a fine needle through the cornea, on three separate occasions, at intervals of about a fortnight. At the expiration of four months from the time of the first puncture, there existed, in the place of the convex lens, &c., a white, tough, flat membrane.

*Concluding Operation.*—Passing the needle and forceps<sup>1</sup> through the sclerotica, about the sixth of an inch, behind the cornea, I gently pressed it forwards until its point just penetrated the opaque membrane, (I then ceased to press it, when, by means of a spring, it retreated behind to the points of the forceps,) then urging the forceps until its *nearly sharp* extremities passed through it, I carefully separated the blades,<sup>2</sup> by a slight retraction of the instrument, and grasping the opaque membrane, brought a sufficient portion of it away to make a very good pupil. There was no difficulty in introducing the forceps, which were very accurately adapted to the neck of the needle with which the sclerotica was punctured; but having done this, and pushed the forceps forward, then it became almost impossible so to separate the blades as that one of them should pass before and the other behind the opaque membrane; when, however, this was accomplished, then, in consequence of the delicacy and sharpness of the points of the forceps, the tough capsule was so pinched and torn that it was removed only partially and irregularly.

In another communication I intend to complete the details of the plan of which I have now done little more than furnish an outline. In the mean time, as the operation at present performed for the relief of the forms of disease under consideration is avowedly susceptible of great improvement, I trust that some of the large number of surgeons who are now devoting a portion of their time and attention to the advancement of ophthalmic surgery, will endeavour to supply the admitted deficiency.

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#### ART. IV.—CASE OF ANTHRACOSIS OR BLACK INFILTRATION OF THE WHOLE LUNGS.

BY THOMAS STRATTON, M. D.<sup>3</sup>

The interesting appearance, of which the following case is an instance, was first described by the late Dr. J. C. Gregory, in 1831, and since that time several cases have been recorded.

On examining the bodies of elderly persons, we find the lungs always of a dark colour. Sometimes this colour is much deeper in various parts of the lung, which then are as black as charcoal; at other times the whole lungs are uniformly of this charcoal colour.

The first appearance is considered healthy; the second receives the name of melanosis; and the third is what has been called the black lung of coal-miners, and may more shortly be defined *anthracosis* (*ανθραξ*, charcoal.)

On September 29th, 1837, I was invited by Dr. Crawford to witness the

<sup>1</sup> This instrument, which has been already described, was constructed from a rough model made from my directions, by an ingenious optician.

<sup>2</sup> The difficulty of doing this was considerable; but this part of the difficulty may, I am satisfied, be wholly overcome by employing a more perfectly and delicately constructed instrument.

<sup>3</sup> Edinburgh Medical and Surgical Journal, April 1, 1838, p. 490.

inspection of the body of a patient to Dr. Leitch. The history of this patient is as follows.

George Harrison had worked in a coal mine for fifty years; at his death, he was aged seventy; for the last four years he has been an inmate of Tynemouth Workhouse; he had not worked in a coal mine for some time previously. For some years before his decease, he has been affected with symptoms of chronic *bronchitis*; the *dyspnœa* was not considerable; his expectoration was small in quantity, and never of a black colour. There was mucous rattle more on the left than the right side of the chest. On percussion, the sound was natural. Latterly he complained much of pain in the right hypochondrium, and had dropsical symptoms in the abdomen and inferior extremities.

*Inspection.*—*Thorax.*—On the left side the *pleura pulmonalis* and *pleura costalis* were connected by extensive and firm adhesions. Both lungs uniformly presented a perfectly black appearance externally and when cut into. A portion of them rubbed on the hand left a black stain, which was with some difficulty washed off; a bit put into water gave it the colour of China ink. Throughout both lungs were seen and felt hard masses of black matter from the size of a bean downwards. These masses were more numerous in the central parts of either lung, and also were in greater abundance in the central part of the left than of the right lung. In the left lung were several chalky bodies, encased in this black substance. No black substance was found in the bronchial glands. Nor was black matter seen in any other part of the body which was examined.

The heart was natural.

*Abdomen.*—A considerable quantity of fluid was found within the cavity of the peritoneum. The liver and spleen were much diminished in size. The kidneys were healthy.

Harrison's lung I compared with that of another subject, formerly a man-of-war's man, aged seventy-two. This lung was very much lighter in its colour than Harrison's, and did not leave a stain when rubbed on the hand.

It is proper to mention that the coal-miners in this district do not use a lamp attached to the forehead as they do in the west of Scotland.

On the left side there was a greater number of black bodies, more pleural adhesion, and more *bronchitis* than on the right side. It is interesting to observe that these three conditions existed together.

If we suppose the matter of the anthracosis to have been inhaled by the man whilst at work in the mine, and that during the five or six years that he discontinued this kind of work, the lungs were endeavouring slowly to relieve themselves of the foreign matter, then the obstacle to free action of the left lung from pleural adhesion, and the smaller quantity of air which could be admitted along the left bronchial tubes thickened by inflammation, and partially obstructed by mucus, will explain how the anthracosis had become less in the right lung, when these states existed in a much less degree.

If the difference in the quantity of anthracotic matter in the two lungs is not to be explained in this way, then, either more inhaled black matter has been originally received by the left lung, or the function of the elimination of carbon has been less imperfectly performed in the right than in the left lung. With respect to black expectoration in cases of anthracosis, I may refer to the instructive paper by Dr. William Thomson, in the London Medico Chirurgical Transactions for 1836, and of which a short account was given in the last number of this journal, (January, 1838, p. 260.)

Dr. Cumin's patient (Ed. Med. and Surg. Journal, vol. xlii. p. 324) appears to have been affected with phthisis pulmonalis, complicated with anthracosis, as phthisis is sometimes with melanosis. Dr. Laurie's and Dr. Buchanan's cases (ib. pp. 328, 329,) prove the existence of anthracosis without the slightest pectoral affection. Dr. Buchanan's case of Lyall seems to have been anthracosis along with peritoneal melanosis.

Melanosis of the lung appears to differ from anthracosis in the following

particulars. Melanosis exists in isolated portions, while anthracosis is general over the lung. Of melanosis, the local effects are dyspnoea, cough, which is often dry, but sometimes attended with mucous expectoration, and mixed with some puriform sputa, while anthracosis may exist without any chest symptoms whatever. Of melanosis, the most constant constitutional symptoms are the gradual diminution of the vital powers, and diminished nutrition followed by hydropic affections, whereas anthracosis often is unexpectedly found to be present when death has occurred from other causes. In melanosis, black deposits are generally found in other parts of the body besides the lungs, whilst anthracosis is met with in these alone; and lastly, the matter of melanosis loses its black colour when treated with chlorine, (Dr. Henry,) whereas the matter of anthracosis retains its colour when so treated, (Professor Christison.)

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### BIBLIOGRAPHICAL NOTICES.

#### *Dr. Caldwell on Mental Cultivation and on Phrenology.*<sup>1</sup>

The first of these pamphlets is well adapted—as it was devised—for fixing the attention of the sons of the West on the new medical institution to which its author is attached, and which, so far as we can judge, bids fair to be entirely successful.

The second pamphlet, or rather volume, consists of a “vindication” of phrenology, directed especially against the remarks of Dr. Sewall, of Washington city,<sup>2</sup> with an appendix in reference to certain observations on the same subject in Reese’s New York Humbugs; and Thoughts on the Phrenology of Falsehood and its Kindred Vices, being a valedictory address to the Medical Graduates in Transylvania University, delivered March 15, 1837, which, the author informs us, was regarded by the trustees of Transylvania University as an attempt to delineate the character of Dr. Dudley. The manuscript of these various essays was solicited from Dr. Caldwell by the New York Phrenological Society, (April 4, 1838,) and the volume before us is the result of Dr. Caldwell’s compliance.

It need scarcely be said, after the above enumeration of its contents, that it is markedly controversial. The author has long been esteemed the apostle of phrenology in this country, and in the minutes of the New York Society, on the occasion referred to, he is designated as “the accomplished expounder and able defender of phrenological science.” Identified as he is, and always has been, with the cause, we are not surprised that he should endeavour to repel every attack that may be made upon it; but we confess we have not seen in the work of Dr. Sewall, any—to us—adequate reason for his frequent recourse to the *argumentum ad hominem*,—an argument not to be employed—if ever admissible—except on extraordinary occasions. The author’s own remarks, at the termination of his essay, are indeed well worthy of being borne in mind by him. “Let the Professor,” [Sewall] he

<sup>1</sup> A Succinct View of Mental Cultivation on the Destinies of Louisville; an introductory lecture, delivered at the opening of the Louisville Medical Institute, Oct. 31, 1837. By Charles Caldwell, M. D. 8vo, pp. 34. Louisville, 1838.

Phrenology Vindicated, and Anti-Phrenology Unmasked. By Charles Caldwell, M. D. Small 8vo, pp. 156. New York, 1838.

<sup>2</sup> In his Examination of Phrenology, noticed in the first volume of the “Intelligencer,” p. 76.

says, "or any other writer, call in question the truth of phrenology, and discuss the subject with the candour, calmness, and courtesy, which should always characterise a scientific controversy, and if I reply to him at all, my language, matter, and manner, shall be marked with a corresponding exemption from passion and reproach; and as far as I can render it so, from every other exceptionable quality. Fact and plainness, courtesy and argument, shall be alone employed. But they shall be employed with whatever of force and efficiency I can bring to the contest." Such are the sentiments that ought always to be entertained on such occasions. How difficult is it for us, in our controversies, to attain that happy desideratum, which Dryden has so well depicted. "How easy is it," he observes, "to call rogue and villain, and that wittily! But how hard to make a man appear a fool, a blockhead, or a knave, without using any of those opprobrious terms! To spare the grossness of the names, and to do the thing yet more severely, is to draw a full face, and to make the nose and cheeks stand out, and yet not to employ any depth of shadowing. This is the mystery of that noble trade, which yet no master can teach to his apprentice; he may give the rules, but the scholar is never the nearer in his practice; neither is it true that this fineness of raillery is offensive. A witty man is tickled while he is hurt, in this manner, and a fool feels it not: the occasion of an offence may possibly be given, but he cannot take it. If it be granted, that, in effect, this way does more mischief—that a man is secretly wounded, and though he be not sensible himself, yet the malicious world will find it out for him; yet there is still a vast difference betwixt the slovenly butchering of a man, and the fineness of a stroke that separates the head from the body, and leaves it standing in its place. A man may be capable, as Jack Ketch's wife said of his servant, of a plain piece of work, a bare hanging; but to make a malefactor die sweetly, was only belonging to her husband."

All these essays exhibit great vigour and independence of thought; but we are quite convinced their controversial spirit will greatly detract from the effect they were intended by their zealous author to induce.

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*Transactions of the Medical Society of the state of New York,<sup>1</sup> and Dr. McNaughton's Address.<sup>2</sup>*

The present part of these transactions is somewhat meagre, and we think advantage would accrue—as we suggested in the case of the Maryland Academy of Science<sup>3</sup>—if the society would wait until they possess more ample materials before they issue the successive parts of their transactions.

Two sheets are occupied by Dr. McNaughton's address; then follow "Observations on Prolapsus Uteri, with reference to the Modus Operandi of Dr. Hull's 'Utero-abdominal Supporter.' By John F. Gray, M. D.,"—who considers the method of Dr. Hull liable to no objection, so far as he is able to judge;—and lastly, for there are but three communications in the "Part," "Statistical Observations on the number of Blind in Pennsylvania and the United States. By Samuel Hazard, Esq., of Philadelphia;"—being

<sup>1</sup> Transactions of the Medical Society of the State of New York, Vol IV. Part I. 8vo, pp. 80. Albany, 1838.

<sup>2</sup> Annual Address before the New York State Medical Society, Feb. 6, 1838. By James McNaughton, M. D., President of the Society. 8vo, pp. 32. Albany, 1838.

<sup>3</sup> Intelligencer, I., 421.

the substance of a communication published some years ago in the *Register of Pennsylvania*, then edited by Mr. Hazard—and which is well worthy of being placed on record.

The appendix contains an abstract of the proceedings of the Medical Society of the State of New York, at its annual session in February, 1838.

The address of the president—Dr. McNaughton—is almost wholly on the homœopathic system of medicine, which is treated with coolness and judgment. We much doubt, however, the propriety of canvassing so frequently a subject, on which all that is necessary can be said in a few words, and which is supported—like every other system of the kind that has had its day—on public gullibility. The labour is not worth the price; and after, all, the public grant it their support more as a matter of feeling than of judgment. The system will exist for a while here as well as elsewhere; and there will be at least one good result, that it will break in upon the—at one time universal—notion, that almost all diseases—chronic as well as acute—demand indiscriminately the heroic method of management. He who is satisfied with the homœopathic method, cannot certainly be in favour of the bold and the active.

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*Dr. Stribling's Report of the Virginia Western Lunatic Hospital.<sup>1</sup>*

This report, besides detailing the condition of the institution to which Dr. Stribling is attached, inculcates the importance of well-directed moral treatment, so ably urged—at the present day—by the medical attendants of the different insane establishments of this and other countries.

Of Dr. Stribling's qualifications for the office which he holds, we can speak most favourably; and we hope soon to see from him statistical and other details relative to the insane, which cannot fail to augment our knowledge in reference to the deplorable condition of those unfortunates, and the suitable means of ameliorating it.

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*Louisville Medical Journal.<sup>2</sup>*

This is a new candidate for professional favour; and emanates from the recently established and energetic institution at Louisville. Its plan resembles that of the quarterly medical journals in general, and its whole appearance is prepossessing. The department of "Original communications" contains seven essays; that of "Reviews," two articles; and of "Analecta" eleven.

Amongst the original communications are, the Introductory Lecture by Dr. Caldwell, and the Discourse Commemorative of Dr. Physick, by the same gentleman.

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*Tranchina's method of Preserving Bodies indefinitely from Putrefaction.*—This secret, for which the inventor received three thousand ducats from the king of Sicily, consists in the following process. Two pounds of the white arsenic of commerce are carefully pulverised with six drams and

<sup>1</sup> The Annual Report of Dr. Francis Stribling, Physician of the Western Lunatic Hospital, &c. &c. 8vo, pp. 19. Staunton, Va., 1838.

<sup>2</sup> The Louisville Journal of Medicine and Surgery. Edited by Lunsford P. Yandell, M. D., Professor of Chemistry in the Louisville Medical Institute; Henry Miller, M. D., Professor of Obstetrics in the same; and Theodore S. Bell, M. D. No. 1, Jan., 1838. pp. 250; and Appendix, pp. 25.



twenty-four grains of cinnabar; the common carotid of one side is laid bare, and three ligatures closely applied. The artery is opened longitudinally for a short distance; a brass tube, provided with a cock, is introduced and tied with the middle ligature. A measured amount of the arsenical powder is introduced into a syringe, this is filled with alcohol or water, and the contents, well shaken, are thrown from above downward into the vessel. The operation is repeated until the injection begins to drop out from the upper part of the vessel; on which the upper ligature is secured. If the vessels of the body are now filled, the lower ligature is tightened, the tube removed, and the wound sewed up. The anus is stopped with cotton or charpie, previously immersed in the arsenical mixture, and if signs of change in the intestines are manifested, an injection of the same is then thrown into the abdomen by means of a trocar.

When water has been employed in preparing the injection, the body remains fresh about two months; when alcohol is substituted it remains in the same condition four months. After this the tissues gradually dry, and, as Tranchina thinks, will remain an indefinite period without decomposition, and without emitting any offensive odour.<sup>1</sup>

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*Hypertrophy of the Female Breast.*—Dr. Hecker, of Bergen,<sup>2</sup> relates a case, occurring in a young woman seventeen years of age. The patient is described as little more than five feet in height, and slender. Catamenia regular. The unnatural enlargement commenced within two years. Each breast presents a diameter of twelve inches, and projects the same distance from the thorax. Their size subjects the girl to no little inconvenience, and interferes with every description of manual labour; but there is no evidence of other disease in the glands, no hardening, and no pain. No cause can be assigned for this anomalous condition; and no impression has been made on it by diet or medicine.

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*Dr. Oppenheim's Zeitschrift.*—In a letter which we have recently received from Dr. Oppenheim, of Hamburg (dated Feb. 27), as well as in the January number of his valuable journal, it is stated that Professor Dieffenbach, of Berlin, will no longer be associated in the editorship of the *Zeitschrift*. He will still, however, continue to act as a collaborator. We may adopt the language of Dr. Oppenheim, in the favourable notice which he has given of our journal, and state "that we see with satisfaction the worthy editor has availed himself of several of our communications for his journal;" and we can equally promise ourselves the pleasure and profit of extracting numerous interesting topics from his periodical.<sup>3</sup> The numbers for January, February, and March, contain notices of the "American Medical Library and Intelligencer," of the remedy proposed for the prevention of hydrophobia, by our correspondent, A., of Pittsburg; of Dr. Marable's case of Absorption of Bone; of Dr. Mease's observations on the effects of night air in malarious regions; and the editor's observations on putrid animal exhalations, and on exstrophy of the bladder.

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*Transylvania Medical School.*—Prof. Mitchell has been transferred from the chair of chemistry to that of materia medica, in the place of Dr. Short; and Dr. Robert Peter, of Lexington, Professor of Chemistry in Morrison College, has been appointed to the chair of chemistry.

<sup>1</sup> Berlin. Medicin. Zeitung, June 14, 1837.

<sup>2</sup> Ibid, for May 10.

<sup>3</sup> Zeitschrift für die gesammte Medicin. Jan. 1838, s. 139.

*Dr. David L. Rogers, of New York.*—We observe by the New York newspapers, (Weekly Whig, Saturday, April 28,) that the students who were educated under this gentleman have presented him with a pair of silver pitchers, on retiring from the practice of his profession in the city of New York, "as a memorial of their gratitude for his admirable instructions, of their respect for his character, and their admiration of his eminent abilities as a practitioner of surgery and medicine. To the inscription are appended the names of E. F. Pentz, M. D., J. R. Wood, M. D., Ira Delamater, M. D., W. S. Tompkins, M. D., B. C. Dutcher, M. D., J. O. Proudfit, C. B. Archer, M. D., William Halsey, M. D., P. H. Wildman, M. D., S. Allen, M. D., W. H. Burr, M. D., A. Boardman, and D. D. Graham.

*Dr. Mütter.*—The pupils of this gentleman have recently presented him with a pair of silver pitchers, "as a token of gratitude for the kindness, ability, and zeal, with which he has discharged his duties as preceptor."

*English Physicians in France.*—Five English medical practitioners, Drs. Allatt, Scott, Carter, Shuter, and Galbraith, were, on the 21st of February last, put on trial at Boulogne, by the Procureur du Roi, charged with exercising their profession in France without authorisation from the authorities of that country. The case against Dr. Allatt was, at the defendant's request, postponed for eight days. Three French doctors, and two English (Drs. Robertson and Campbell), were examined for the prosecution, to prove having met the defendants in various consultations; and three French chemists testified that they had made up medicines from the prescriptions of the defendants, who were afterwards questioned by the court as to their age, place of birth, titles, and qualifications, and length of practice in France. Monsieur Hedouin is said to have ably defended the parties, and the court postponed passing judgment until after the trial of Dr. Allatt. The proceedings are viewed with great interest in Boulogne, and a sympathetic public meeting on the subject was held on the 22d ult.<sup>1</sup>

Since the above paragraph was written, journals have arrived, which state that the decision was given against the English practitioners.—*Lancet*, March 31, p. 32.

*On Division of Stricture of the Rectum, high up in the Gut.* By R. A. Stafford, Surgeon to the St. Marylebone Infirmary.<sup>2</sup>

In a paper read before the Royal Medical and Chirurgical Society of London, on the 27th of February, 1838, the author describes two cases in which he has performed this operation, the first in 1831, the latter in the last year. In the former case the stricture existed at about two inches and a half from the anus, and was of nine years' standing when the patient was admitted into the St. Marylebone Infirmary. The contracted part was indurated, and would only admit a No. 12 urethra bougie. The author divided the contraction towards the sacrum with an instrument which was shown to the society, and was enabled to pass the middle finger through the stricture immediately afterwards. The operation caused very little pain, and only a few drops of blood were lost. The case went on favourably for more than three weeks, after which the patient was seized with erysipelas of the face, of which she died. Dissection proved to the author that disease of long standing, which had existed in the whole course of the intestinal tube, had been, in a great measure, relieved by the operation; and he expresses a conviction that had it not been for the occurrence of the

<sup>1</sup> *Lancet*, March 3, 1838, p. 840.

<sup>2</sup> *Lancet*, for Mar. 10, 1838, p. 866, and *Lond. Med. Gaz.* for Mar. 10, 1838, p. 941.

erysipelas the patient would have been entirely cured. In the other case the author divided two strictures by the same instrument, the first so contracted as only to admit a bougie of No. 10 size. Slight hemorrhage followed the division of the second obstruction, and in two hours afterwards the bowels began to discharge feces of a very offensive character, which continued to come away in large quantities for two or three days. In this case diarrhoea continued for some time, but the patient was ultimately discharged perfectly well, the passage of the rectum being completely open.

Mr. Cesar Hawkins said the plan recommended by Mr. Stafford was by no means a novel one, as it had been constantly practised at St. George's Hospital, for twenty years past, as a remedy when other means failed. He should, however, be inclined to limit the employment of this operation to cases where the stricture formed a narrow band. In some cases it only afforded a temporary relief. He (Mr. H.) had performed it twice on one individual. The mode of proceeding adopted in the hospital was by merely dividing the stricture in one part by Sir Astley Cooper's knife for dividing stricture. After the division the necessity for the passage of bougies was as great as ever, the division only assisting in dilating the canal earlier, and with greater facility. He had divided stricture as high up as three or four inches.

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*Treatment of Syphilitic Buboës by Setons.* By Professor Levicaire, of the Marine Hospital, Lyons.<sup>1</sup>

Dr. L. states that he has employed the seton most successfully. His plan is, as soon as he perceives that the bubo contains matter, to pass a strong, round, straight, long needle, carrying a thick thread, in the direction of the fold of the groin. The points of entrance and exit are those at which the gland first begins to soften. He permits the seton to remain for only twenty-four or twenty-eight hours in quiet, and sometimes to promote irritation, and prevent the too rapid healing of the openings, moistens it with a weak caustic solution, and for the first days lays it on an emollient poultice. When this is no longer necessary, he dresses it with a handful of cotton (unwrought) in order to promote the exit of the matter, the adhesive inflammation, and the development of granulations. This is supported by a bandage round the loins, and exercises a very gentle steady pressure. Dr. L. thinks every thing disadvantageous which promotes the absorption of the matter. The matter here escapes along the seton; the walls of the abscess come gradually together; the air cannot penetrate through the opening, which is small, and filled by the seton, and the seton causes a healthy action, by means of which granulations are favoured. No cicatrix remains behind, and only three or four days are sometimes necessary for the healing of the bubo.

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BOOKS RECEIVED.

*From the Author.*—Phrenology Vindicated and Anti-Phrenology Unmasked. By Charles Caldwell. 8vo, pp. 156. New York, 1838.

A Succinct View on the Influence of Mental Cultivation on the Destinies of Louisville; an introductory lecture, delivered at the opening of the Louisville Medical Institute, Oct. 31, 1837. By Charles Caldwell, M. D. 8vo, pp. 34. Louisville, 1838.

*From Dr. Oppenheim, one of the Editors.*—Zeitschrift für die gesammte Medicin, mit besonderer Rücksicht und Hospitalpraxis und ausländische Literatur. Herausgegeben von J. C. G. Fricke und F. W. Oppenheim. Band vii. Heft. 1, 2, and 3, (Januar, Februar, und Marz.) Hamburg, 1838.

<sup>1</sup> Bulletin Gen. de Ther. April, 1837, and Dublin Journal.

## AMERICAN MEDICAL INTELLIGENCER.

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No. 5.

## ART. I.—ON THE INTRODUCTION OF AIR INTO THE VEINS.

BY M. VELPEAU.

(Concluded from page 57.)

*Estimation of the Cases which have occurred in Human Beings.*

Excluding the cases which occurred in animals, I may divide those belonging to man into four classes: the first containing the unimportant cases; the second, those in which death did not supervene; the third, containing fatal cases, in which there was no examination; and the fourth, those where there was an examination.

**FIRST CLASS. Cases to be rejected.**—These are the cases which are built upon mere hearsay. They are four in number, being those attributed to MM. Gräfe, Lodge, Duportail, and Sir Astley Cooper. It seems certain, indeed, that these are not real facts, and that they have been referred to merely through some mistake.

**SECOND CLASS. Cases not followed by death.**—Fifteen of the cases above analysed, in which it is mentioned that the patients came to themselves again, seem, at any rate, to prove that they did not die under the influence of the first symptoms. One of these cases belongs to Dr. Mott, two to M. Clémot, one to Mr. Barlow, one to Dr. Warren, one to M. Roux, one to Mr. Mirault, one to M. Rigaud, one to M. Delaporte, one to M. Dubourg, one to M. Malgaigne, one to M. Bégin, one to M. Toulmouche, one to M. Amussat, and one to myself.

These fifteen cases are of very different values. Those of M. Rigaud, of M. Malgaigne, and Dr. Mott, only indicate a wound of the external jugular vein. Those of MM. Amussat and Toulmouche merely relate to the mammary veins. In Mr. Barlow's case, and in one of M. Clémot's, it also seems that neither the axillary nor the internal jugular vein was wounded. There remain, then, only those of MM. Roux, Warren, Bégin, Delaporte, Dubourg, and my own, with one of M. Clémot's, which allow us to regard the fact as possible, considering the region, and the vein wounded. The case taken by M. Guérétin, from M. Mirault's practice, leaves us in doubt as to the vein opened.

**THIRD CLASS. Cases followed by death, but without post-mortem examination.**—These are six in number, and are attested by the names of Warren, Clémot, Barlow, Goulard, Klein, and Maugeis.

In M. Clémot's case, the vein opened is not well determined; in M. Barlow's it was probably the internal jugular; in Klein's, it was the thyroid plexus; and a subscapular branch in Dr. Warren's. M. Duplat asserts positively, that it was the axillary in the case which he attributes to M. Goulard. The median vein at the bend of the arm was the only one opened in M. Maugeis's case. This simple abstract sufficiently shows how vague must be our ideas, when such facts are presented to us.

**FOURTH CLASS. Cases followed by death, where there was a post-mortem examination.**—These are seven in number, and belong to MM. Piédagnel,

Dupuytren, Delpech, Castara, Ulrich, Roux, and Putegnat. M. Putegnat's case being given without any particulars, and on the word of a third person, must, I think, be put aside. M. Piédagnel says it was the external jugular vein which was wounded in Bauchène's patient. He has also informed me, that in Dupuytren's case the tumour was on the right posterior and lateral region of the neck; consequently it is not possible that the internal jugular vein, or the subclavian, could have been wounded. In M. Roux's and M. Delpech's cases, the operation was amputation at the shoulder-joint, and the only veins wounded when the bad symptoms came on, were unconnected with the axillary. M. Saucerotte says, that in M. Castara's patient it was a subscapular vein which had been opened, to the extent of less than a line, which was also the case in Dr. Warren's. Hence M. Ulrich's case is the only one which affects the region where, according to our experiments, the introduction of air into the veins appears possible and dangerous.

If we now take up the question again at a higher point, we are in some sort compelled to admit the following conclusion:—Either the experiments hitherto performed on living animals are incomplete and deceptive, or else these cases concerning the introduction of air into the veins of man are not conclusive.

Looking upon the question, I see, in fact,—First, by direct experiment, that it requires a large quantity of air to kill a dog; that air does not enter the heart spontaneously, excepting by very large apertures in the jugular, subclavian, or axillary vein; and that the right cavities are then always distended by a red frothy matter, evidently formed by the intimate mixture of blood and air: Secondly, in many of the cases in which human beings were concerned, the only veins wounded were the external jugular, or the veins of the breast, shoulder, or face. In the others the aperture in the vein was small, and but little air could enter; and, lastly, cadaveric examination never showed, in any case, the appearances which have been established by direct experiment.

It is not necessary here to refute the language of those who, no doubt through inadvertence, have always kept beyond the points at issue, both in the course of our experiments, and in the discussions at the Academy; and who have always reasoned as if I and others had denied the possibility and the dangers of the entrance of air into the veins. Without seeking for the motives which may have induced some of my colleagues to fall so continually into this unfortunate error, it is sufficient to refer to the bulletin of the Academy, to show the falseness of the supposition. A point which I must take up, as it might otherwise lead to error, relates to the manner in which some have thought to refute the interpretation which I had put upon certain cases. M. Roux, for example, who, in relating several cases, which, though otherwise interesting, were completely foreign to the subject, thought it very strange that I endeavoured to conclude from animals to man; that I accused observers of not having given all the requisite details of their cases; and that while rejecting one explanation, I gave no other; M. Roux, I say, whose discourse seemed to make an impression on the assembly, yet appears to me, I must confess, not to have thrown light upon any point of the question.

To assert that, at the instant of accidents like these, the surgeon has not sufficient presence of mind, and is too disquieted and too grieved, to think of any thing but the danger which threatens his patient, and that he cannot give an exact and circumstantial account of what has happened, and that in the midst of such occurrences it would be unjust to reproach operators with having published cases destitute of sufficient details, or badly drawn up, is, indeed, a sufficient justification of those who have been placed in these unfortunate circumstances; but does it, in the eye of science, improve the facts, or make them more conclusive? Is it not, on the contrary, confessing at the outset that these facts are necessarily incomplete, and that in so arduous a question it is impossible to bestow our complete confidence upon them?

M. Roux, while allowing that the phenomena observed in animals are far from resembling those which have occurred in human beings, exclaims that this proves nothing; for since symptoms offer numerous varieties, even in different individuals of the same species, or of different species, in direct experiments, we may well believe, he says, that matters will not be the same in men as in dogs. I might answer, that I myself mentioned this supposition to the Academy, and proposed to take it into account long before M. Roux had uttered it. But he must allow, in his turn, that it is only a supposition; and that the differences between what has been said of human beings and what has been seen in animals, are so striking, that until the contrary has been proved it is impossible not to retain some doubts upon the subject. Besides, M. Roux seems to have forgotten that reasoning of this kind would authorise us, at the outside, to presume the fact in question, to regard it as probable, or as very probable, but that it cannot be demonstrated in this manner. But what is the question between us? Not to know if it is *possible, presumable, or even very probable*; but whether it is *demonstrated*, irresistibly, that in the cases referred to, death took place from the introduction of air into the veins. Thus, we remain in doubt, which, in my opinion, is the real state of the question.

As to reproaching us with not explaining why the patients died, if we do not allow that they died from the introduction of air into the veins, I think that M. Roux must have done this through inadvertence; for if we must always consider those facts as demonstrated or incontestible of which we cannot give any other explanation, or must admit them, because in denying the explanation of a phenomenon we cannot give any other more satisfactory one, it would certainly not be long before science was overwhelmed with an infinity of dangerous errors. Nevertheless, I must say, that all the cases which have occurred in the human species have something strange, and altogether unusual, about them. Though it is true that patients may die of syncope, hemorrhage, alarm, or exhaustion, during great operations, it is also true that in such cases life is extinguished with a different train of symptoms from those which have been related. If we erase from the list the cases of Klein, Duportail, Lodge, Dubourg, Maugeis, and Sir Astley Cooper, which are either quite unimportant, or which may be easily explained without the supposition of air having entered the veins, it is difficult not to return to this way of explaining the others. If we suppose that in the cases related by MM. Rigaud, Clémot, Bégin, Malgaigne, and myself, the gush of a small artery against some organic layers, or the entrance of air into the sinuosities of a *cul-de-sac*, may have produced the hissing, the bubbling, or the sound of emptying a bottle mentioned by authors, it is almost impossible not to admit something more in the cases of MM. Piédagnel, Dupuytren, Castara, Delpech, Ulrich, Barlow, Warren, and Goulard.

In this state of uncertainty, might one not ask whether, at the moment of the operation in human beings, veins *canalised* by the nature of the tumour itself, or by the handling to which they are exposed, may not be (for the moment) in the state which is the natural one of the veins at the apex of the chest in living animals. With the help of this explanation, however, the only cases which can be brought into the class of *very probable* ones are those of MM. Goulard, Piédagnel, Dupuytren, Castara, Delpech, Warren, and Mirault. It appears to me clear that nothing had caused this transformation in the cases of MM. Rigaud, Amussat, Toulmouche, Mott, and Malgaigne.

Can we attribute it, then, to the previous debility of the patients? Every thing tends to show (although our direct experiments still allow some doubts upon this point) that a great loss of blood must make the entrance of air more dangerous. But on analysing the cases, we see that the patients were still strong, with the exception of those belonging to M. Piédagnel, M. Roux, and Klein; that most of them were in perfect health; and that they had not lost more than a few ounces of blood when the symptoms came on.

If practitioners are unwilling to abandon this comparison, our last resource

is to admit, that either physically, or physiologically, or pathologically, the conditions accompanying the entrance of air into the veins are remarkably different in the human species and in animals. These differences may be regarded as possible, when we reflect that air in the veins kills a horse sooner than a dog—that death is more speedy when the animal is held in one position than in another—that by blowing in air from the mouth, we kill with the rapidity of lightning, while it requires a pretty long time to produce the same effect if a syringe is employed.

I am ready to allow, however, that no one of these reasons is conclusive; and nothing of what I have said is sufficient, at present, to place beyond the limits of doubt what has been advanced in favour of the introduction of air into the veins of man.

The most reasonable thing to rely upon, to aid us against all these difficulties, is the want of care with which the cases have been drawn up. There is no doubt, that if writers had had a more accurate knowledge of what had been already done, they would have entered into minute particulars as to what concerns human beings. There is no doubt, too, but that a number of important circumstances have been either omitted, or inaccurately related, or wrongly explained, by those who have published these cases. I say this without blaming observers for it, because in phenomena which rapidly pass away, and are at the same time complex, and difficult to apprehend, persons do not take every thing into account, unless the question implicated in the phenomena has already engaged their attention, and unless they are well acquainted, beforehand, with all the details which it is possible to collect.

*Summary.*—Meanwhile, to give my candid opinion, I consider the introduction of air into the veins as *probable* in the cases of MM. Bégin, Malgaigne, Mirault, Warren, Barlow, Delaporte, one of M. Clémot's, the first pointed out by M. Roux, and my own. There is no proof that this accident took place in the cases of MM. Toulmouche, Mott, M. Clémot's second and third cases, or in those of MM. Rigaud, Dubourg, Maugeis, and Amussat. It appears to me *extremely probable* in those of Delpach and Ulrich, and *almost certain* in the cases of Dupuytren, Castara, and Goulard. But after all, this can only be given as my personal belief; for I allow that no one of these facts can be exactly compared with the results of direct experiment, and that, in a scientific point of view, there is not one that carries absolute conviction with it.

Thus my readers will see, that at the end of this discussion I find myself brought back, by force, to repeat what I said on the introduction of air into the veins, in 1832 (*Méd. Opér.* t. ii. p. 194),—"Without denying the possibility of this phenomenon, when the veins form open canals extending to the thorax, I think that new experiments are required to decide the question."

I will add, as I said in 1833, (*Anat. Chir.* t. ii. pp. 104, 457, 471, 2d edit.) "That if the fact is really so in human beings, we must look for a different physical explanation from the one given by MM. Poiseuille and Bérard; for it is clear that phenomena resembling those which seem to denote the introduction of air into veins, have been observed in other parts besides the neck and the axilla."

The reader will see, at a glance, how much the question has been cleared up by late experiments, if he compares its present state with what I said of it at the first sitting of the Academy. I then summed up in the following manner:—

"The introduction of air into the veins raises several important questions. There are already about twenty instances (I ought to have said thirty, at least), where serious symptoms, which have supervened during surgical operations, have been attributed to it. Of this number there are several, certainly, which are not conclusive. Bichat thought that it was enough to inject a few air-bubbles into the veins of an animal to kill it, and that death then took place through the brain. Nysten showed, on the contrary, that it required a great quantity of air to kill a dog, and that death then took place

by stoppage of the circulation. Nysten's experiments have been since repeated by a host of persons, among others every year by Magendie, and have always been followed by the same results.

"By showing that the large veins of the root of the neck are always in a state of tension, M. Bérard has proved that air may pass through them when they are open; while M. Poiseuille maintains that this is not possible at more than a few centimetres from the first rib. But in most of the cases several of these conditions are wanting. Thus, Dupuytren's patient had a tumour on the shoulder, and twenty-four hours afterwards only a few air-bubbles were found in his heart. In others, so little air seems to have entered, that, to judge of what we see in animals, they could not have died of it. Lastly, in others the operation was performed upon the face, chest, &c.; and physiological experiments do not allow us to grant, that death can occur by the introduction of air into those parts. Hence the question is still open for examination."

#### THERAPEUTIC MEANS.

*Treatment.*—In scientific questions there is a rock which we ought to make every effort to avoid; I mean the error of forming an opinion too soon, and wishing to pronounce a positive decision, in spite of the absence of proofs. Although the facts quoted in favour of the introduction of air into the veins are as yet incomplete, it would be wrong to conclude that this accident has never taken place. For my own part, I repeat that, in my opinion, it has happened several times; only I feel that, until more conclusive proofs are alleged, this can only be a personal belief, and that there is nothing at present in science that can change this belief into a general conviction. With this phenomenon before us, we are like magistrates in whose presence there stands a criminal against whom there are no witnesses.

Holding these opinions, I have reflected, like many others, on the means of warding off the dangers attributed to the introduction of air into the veins. These means must be divided into two kinds, the preventive and the curative.

*Preventive means.*—There is a difficulty at the outset which will long throw doubt upon the efficacy of the attempts which may be made to prevent air entering the veins during operations. The difficulty is, that no one can tell beforehand if the phenomenon will take place or not, supposing that such or such a vein is opened. Thus, suppose some particular precaution is taken in the case of three, six, ten, or fifteen patients, in whom tumours are extirpated near the apex of the chest, and that the air does not enter the veins in any one of them. Those who put their trust in the given precaution will not fail to conclude, that if nothing had been done some of the patients would have sunk. Yet this conclusion, which would seem very natural, might be altogether erroneous; for the cases quoted of the introduction of air into the veins are very rare, compared with the number of operations of a kind which would seem to favour it. I have myself more than fifty times extirpated submaxillary, parotid, axillary, supra-clavicular, or supra-sternal tumours, obliging me to go very near the great veins of those regions, and often even to open them; yet the case which I related above, and one of a young boy, are the only ones which alarmed me, even for an instant, as to the introduction of air into the veins. I will add, that when assisting M. Roux, I saw him make a large incision in the upper part of the subclavian vein in one case, in the upper part of the axillary vein in another, and in the lower part of the internal jugular in a third; and yet nothing which could be referred to the introduction of air ever resulted. When we reflect on the number of amputations which have been performed at the shoulder-joint—on the frequency of operations in the axilla for cancerous or lymphatic tumours—on the numerous instances in which arteries have been tied above the clavicle, and in the carotid regions, without any results comparable to what takes place when air enters the heart—we are forced to admit, at least, that the accident in question is hard to happen. How then,



can we be certain that, if it does not take place in a given instance, we are to attribute this to our precautions, rather than to the natural resistance of the frame? Hence we see that, to settle the question of preventive means, requires, like the rest of the subject, numerous experiments. Let us, however, examine those which seem to have attracted attention up to the present time.

*Compression of the thorax* during the whole of the operation seems to me to be suitable neither in theory, nor according to the experiments already tried. If the compression were sufficiently strong to prevent any raising of the ribs, the patient would obviously suffer a constraint so considerable as to be insupportable. Moreover, the chest would be equally extended in its vertical diameter by the depression of the diaphragm: nor has it yet been shown that the dilatation of the heart has no share in the absorption of the air.

M. Poiseuille, reasoning as if inspiration alone could draw air into the heart (*Gaz. Méd.* 1837, p. 671), thought that it would be sufficient to prevent this accident, if we could make the patient carefully avoid deep inspiration. This recommendation seems to me to be connected with the same error which suggested compression to M. Gerdy. In fact, experience has long shown surgeons that, during serious operations, the chest of the patient is generally contracted spasmodically—that respiration becomes slow, and is performed by small movements—and that one has rather to excite patients to breathe deeply, than to prevent them from doing so, if we wish the venous circulation not to be too much clogged.

*Compression of the veins between the heart and the incision.*—When the idea of the introduction of air into the heart first arose among practitioners, the first remedy which necessarily presented itself was this kind of compression; it seems so natural and so certain. Thus Larrey says that, when bleeding in the neck, we ought to compress the vein below the incision until the bandage has been put on, if we wish to prevent air from reaching the heart, (*Clin. Chir. t. i. p. 357.*) Dupuytren does not omit to point out the same means when narrating his case (*Arch. Gén. de Méd. t. v. p. 438*), which he had previously communicated to the Academy. A similar recommendation is to be found in Mr. Barlow's memoir, (*Gaz. Méd.* 1831, p. 355.) M. Putegnat likewise gives it in his thesis. Dr. Warren states, at page 266 of his treatise on Tumours, that the surgeon who operates in the vicinity of the jugular, subclavian, axillary, or iliac veins, or even of the saphena, when it is dilated, ought to leave to the last the separation of the pedicle of the tumours on that side, in order to be better able to compress the veins before opening them. He adds that, if possible, one ought to compress the veins between the incisions and the heart. I have myself thought it necessary to insist upon this recommendation, and to follow it in some cases of extirpation of parotid and submaxillary tumours; but it must be confessed that the remedy is a weak one. If, like the first observers, we admitted the possibility of air being inspired at a very great distance from the heart, the remedy would deserve our serious consideration. In case of the internal saphena, or femoral veins, the iliacs, the veins of the arm, the face, and the external jugular, nothing would be so easy as to put it into practice; but if it is true that the introduction of air is impossible in all these regions, compression is useless as a preventive. On the other hand, who does not see that, in the region above the clavicle, the upper part of the axilla, and the upper hyoidian region, where it would be useful, it is inapplicable? The subclavian vein, concealed under the clavicle or the sternum, and separated from the ribs by the root of the scaleni, lies in such a manner that its calibre cannot be obliterated through the skin. It is the same with the internal jugular vein below the larynx. To which we must add, that compressing this vein, when we are operating near the parotid region, puffs up the face, and increases the size of all the veins, which we are in danger of wounding.

For these various reasons we must admit that compression of the venous trunk between the wound and the heart is a resource of small importance, and rarely applicable.

Hence it follows, that in practice we cannot count upon the efficacy of any of the preventive means which have been hitherto mentioned, and that all which is in the surgeon's power may be reduced to these three points:—

1st. To avoid with the utmost care wounding the internal jugular or subclavian veins in operations.

2dly. In cases where he is obliged to go near these vessels, he is not to separate the pedicle of the tumour without previously compressing it between his fingers on the side of the heart, or passing a strong ligature around it.

3dly. He must avoid as much as possible all stretching, pulling, and separating the parts, lifting the arm, or throwing back the shoulder or the neck, when the bistoury is near the great veins at the apex of the chest.

*Curative means.*—If the art of healing possesses nothing capable of preventing the air from entering an open vein, we must confess with sorrow that it is still poorer in any method of expelling air from the heart. I greatly doubt that it can be of much use to place the patient on his side, as recommended by M. Forget, (*Trans. Méd. t. x. p. 75.*)

Compression of the thorax—the jerking compression by which Nysten thought he could expel the air from the auricle through the incision in the vein—is evidently useless, at any rate in human beings. Even in dogs, the air contained in the right ventricle cannot be thus driven out, and the right auricle gives up but very little of it. Who does not see that, in human beings, the thorax, which is far less flexible than in dogs, can never be flattened to such a degree as to react efficaciously upon the heart?

The most obvious method of all, that is to say, closing the incision in the vein, which has been already frequently adopted, offers, perhaps, as much danger on one hand as advantage on the other. While it puts a stop to the introduction of air into the wounded vessel, unfortunately it also obstructs the exit of the air which the contractions of the heart tend to expel; so that it cannot succeed unless, at the moment when it is applied, the air is not sufficient in quantity to cause death.

Drawing out the air by applying the mouth to the aperture of the vein can hardly ever be applicable. The least reflection, too, would suffice to show that it could not be of advantage.

Artificial respiration, either by means of tracheotomy, or by introducing a tube into the natural passage, were means tried by Dr. Warren, but seem to me to have no object.

The introduction of a saline fluid into another vein, which he also recommends, would only be adding to the danger of the patient.

There remains the plan of drawing out the air by a tube or syringe, introduced as far as the heart. But this suggestion, which arose from experiments on animals, should be rigorously proscribed in human beings, if I am not mistaken. It is plain that it could be adopted only when the internal jugular was wounded; and it is equally clear that, in order to introduce the tube, the vessel must be placed in the precise condition most favourable to the introduction of air. Moreover, during a serious operation, it would be requisite first to enquire whether the symptoms which had supervened really depended on the phenomenon in question; then to look for the aperture in the vein; then to ask the assistants for the tube prepared for this purpose; then to introduce it, and apply the syringe or the mouth to it. Now all this would necessarily require more time than intervenes before the death of the patient, if the accounts of these cases are correct. In short, we have really nothing to oppose to this occurrence.

This is a painful avowal, no doubt; but it is the truth. We are reduced, therefore, to the general remedies against syncope, unless there is any efficacy in bleeding, which was formerly proposed, and is still extolled, by MM. Boulay, Leblanc, &c. To avoid extending the veins in the neighbourhood of the chest during operations; to apply the finger to the wound, and to suspend the operation for a short time, when the supposed characteristic sound is heard; to keep the patient in the horizontal position, and stimulate him

with the vapours of ammonia, alcohol, or vinegar; to use friction to his body, and to throw water upon his face—such are, at present, the only means which reason and experience allow us to use without apprehension.

## ART. II.—CAUTERISATION, AS A CURE FOR CROUP.

Dr. Peronneau de Besson used cauterisation in the treatment of all pharyngeal and laryngeal inflammations. M. Felix Hatin employed it successfully in four cases of croup. The following cases he has recorded in a late French journal,<sup>1</sup> in which cauterisation was applied for the treatment of croup at its commencement; where he describes the method of M. Peronneau, and the modifications which the want of his instruments led him to make.

On the 18th of November, 1836, M. Hatin was called to the house of M. Delacroix. His daughter, of about five years old, was seized with all the symptoms of incipient croup. He ordered immediately the application of leeches, and communicated to M. Delacroix his fears respecting the disease of his child, for he was aware from experience how frequently the perturbing plan employed in this case was unattended with success.

The child of one of M. Delacroix's friends, who had been affected with croup, was cured by the application of cauterisation only. This circumstance being made known to M. Hatin, he desired the physician who had performed this wonderful cure to be called in. A few hours after M. Peronneau and M. Hatin met; as the cauterisation which M. Peronneau proposed appeared innocent to M. Hatin, he saw no obstacle to its practice being permitted.

The child was seated on its father's knees, who with one hand held its arms, and with the other kept its head against his chest.

The operator placed himself before her, holding in his left hand an instrument<sup>2</sup> proper for keeping the mouth open and the tongue depressed, and in the right a long curved *porte-pierre*, as a sound, and armed with a cylinder of nitrate of silver projecting a few lines, and firmly fixed in.

The operator introduced his tongue-depressor (*abaisse-langue*), and, immediately, passed down the fauces his *porte-pierre*, and moved it rapidly over every part for a second or two. He then withdrew both instruments, so as to allow the patient to respire.

Some minutes after he made another cauterisation like the first.

The operation ended, the child only complained of a sensation of pricking and a slight desire to expectorate, which disappeared after a few moments. It was then between nine and ten o'clock in the evening. She passed the night quietly. Next morning the croup had become simply catarrhal, and gave occasion to no more apprehension. Inspection of the throat showed that the tonsils, the posterior paries of the pharynx, and all the other points accessible to view, were covered with a milk-white eschar.

This eschar dropped off the following days in flaps, leaving after it a vivid redness, which was, however, accompanied with so little pain as not to interfere materially with deglutition.

The child recovered quickly.

<sup>1</sup> Revue Médicale Française and Etrangère, Oct., 1837.

<sup>2</sup> This instrument, described from memory, is a quadrilateral plate of steel of at least a foot in length, of one or two lines in thickness, and about an inch in breadth, curved longitudinally to an obtuse angle, and divided into two parts, one which serves as handle, the other to depress the tongue. The latter, in order to keep the mouth open at the same time, presents on its superior surface, and near its edges, two projections of about an inch and a half in height, and separated by a hollow space, through which the *porte-pierre* may be passed.

M. Hatin proposes, that should the cauterisation of the pharynx not answer every purpose, the trachea itself may be cauterised [?]. Under this impression, he will have an instrument constructed, with the assistance of which he hopes to overcome the difficulties and remove the principal dangers of this operation; but we apprehend he will not find this easy of accomplishment.

The second case was the son of M. Imard, Director of the Hôpital de la Pitié, between nine and ten years of age, who was seized with the first symptoms of croup on the night of the 5th of February, 1837. The parents sent for M. Hatin at six o'clock in the morning.

Before putting in practice the operation, he was desirous of having the advice of M. Serres, Member of the Institute of France, and one of the most justly celebrated physicians of the age. They both agreed, and the operation commenced, which was performed as in the preceding case.

In the evening of the same day the croupy cough had disappeared. That which remained was loose. It preserved this character, its intensity diminishing for two or three days following; cure speedy.

The next case was the son of M. David, Bourtibourg street, Paris, aged eleven years, who had been seized during the day with a cough, the peculiar timbre of which had excited its mother's solicitude. M. Hatin proposed cauterisation; it was agreed to. As he had no instrument with him fit for the operation, he procured from a neighbouring apothecary a cylinder of nitrate of silver, which he fixed securely in a quill, and lessened the flexibility of the feathered portion of the quill, by binding it upon a small stick, which served as a handle for his extemporaneous *porte-pierre*; in this manner he performed the operation, using the index finger of his left hand to depress the tongue.

The last case was the daughter of a Madame Cordier, living in Paris. He proposed to cauterise her throat. She consented, and he performed the operation immediately, in a similar manner.

### ART. III.—CLINICAL LECTURE ON TUMOURS OF THE JAWS.

Delivered at St. Bartholomew's Hospital, by WM. LAWRENCE, Esq., F. R. S., &c.

Mary Edwards, thirty-two years of age, a married woman, and mother of four healthy children, came into the hospital from the country, on account of a swelling occupying the alveolar margin, part of the palatine plate, and the external surface of the left superior maxillary bone. She has always enjoyed good health, but has suffered much, since the age of fifteen or sixteen, from toothache and gum-boils. The teeth have gradually decayed and broken off, leaving rotten stumps in the jaw; she has had four or five drawn; two remain in the upper jaw, where there are still several fangs worn to a level with the gum. The present tumour made its appearance two years since, when she considered it as the beginning of another gum-boil: however it slowly enlarged, without inflammation, suppuration, or pain.

The enlargement, which is about the size of a large walnut, begins at the socket of the lateral incisor, and extends to that of the first molaris: it passes upwards, nearly to the edge of the orbit, raising the lip and cheek, so as to constitute a conspicuous deformity; and it continues for a short distance on the palatine aspect of the bone. It has a dense and firm feel, resembling in these respects the gum itself. It has been, and is, quite free from pain, and will bear considerable pressure. The surface is covered by entire and sound mucous membrane, and presents some slight inequalities on the convexity of the tumour. The colour is a deep red, approaching to livid. There is no enlargement of absorbent glands, nor any other morbid affection. The swelling already interferes considerably with mastication and articulation;

it is increasing, and will become more troublesome: hence she wishes that it should be removed by operation, if it can be done safely. She has not hesitated to assure her that the operation is free from danger, that there is little or no fear of relapse. The slow growth, the firmness, the absence of pain and of disease in the absorbent glands, convince me that the malady was not malignant, although I could not very definitely determine its exact nature. The only circumstance that could be regarded with suspicion, was the indication of considerable vascularity afforded by the deep red colour.

The patient having been prepared by the usual preliminary measures with respect to diet and the state of the bowels, as well as by removing the remaining front teeth in the upper jaw, and two or three stumps, underwent the operation six days ago. A perpendicular incision was carried from the outer edge of the orbit through the entire thickness of the cheek and upper lip, terminating near the angle of the mouth. The lateral flaps formed by the incision were quickly dissected off, so as to expose the tumour completely. An incision was next made through the gum and palatine membrane at the base of the disease, and then a groove was formed, by means of a small scalpel, in the alveolar process at the front of the swelling. This enabled me to insert the blades of a cutting forceps, and to carry the instrument along the base of the swelling, which was thus easily loosened and detached. It came away as a distinct round mass, leaving a superficial depression in the internal aspect and external surface of the bone, of which the substance was perfectly healthy, both in this situation and where it had been cut through by the forceps. In the excavation which had lodged the morbid growth the bone was bare and rough, from the pressure which it had undergone; it exhibited a little increase of vascularity. There was free bleeding from several arteries, particularly the coronary and the trunk of the infra-orbital, rendering the patient faint: the coronary was secured by ligature. The wound of the lip was united by a hare-lip pin and twisted suture, and near the edge of the red portion; a single suture was placed an inch and a half up, and the intermediate portion was brought together by a small adhesive plaster. The part was covered with a soft doubled rag, kept moist by dipping in cold water. In twenty-four hours after the operation the suture was cut out, and in forty-eight hours the hare-lip pin was removed. The union of the wound by adhesion being complete throughout, the wounded surface of the cheek has become united to the excavation in the bone, so that the latter is no longer visible. The patient is now, on the sixth day, sitting up in her bed well, and quite able to return to her home in Sussex, which she means to do in a day or two.

The tumour, which I now show you, is not clearly referable to any of the various growths which have been designated by that name. It does not originate from the bone, nor is it a change of structure in the gum; it is not one of the compact fibrous productions intermixed with osseous matter, nor laminæ, originating from a bone, and constituting an innocent apertum, or osteo-sarcoma; it is not one of the vascular fungous growths from the bone, nor one of the compact fibro-cartilaginous productions arising from the bone; it is not a change of structure in the gum and palatine membrane; it does not present, in any degree, the consistence and other characters of medullary growths; it is a well-defined tumour; close, compact, and homogeneous in texture, presenting a mottled appearance on a section, inasmuch as it is generally rather than by being partially imbedded in a hollow on its surface, and adjoins closely below to the gum and palatine membrane. It seems to me to be a formation or tumour, in the proper sense of that term, approximating to the closeness and compactness of structure, as a morbid production, to the normal organisation of the gum. I see in it no evidence of malignant character, and therefore expect that the cure will be permanent. It would come under the technical denomination of epulis, which includes morbid growths of the gum, or others closely connected with it.

Some years ago I removed a mass, twice as large as the present, from the alveolar edge of the left upper jaw-bone, in a strong healthy woman, fifty years of age. The disease was of six years' duration, and considered by the patient to have originated from a decayed tooth; it had increased slowly, and without pain. It was a large mass, extending from the alveolus of the canine tooth to the back of the upper jaw, where the two last grinders were imbedded in it, filling one side of the mouth, and causing so much annoyance by its interference with articulation and mastication, that the patient was very desirous to have it removed. This growth was of cartilaginous firmness, of pale colour, like that of the palate, and with irregularities of surface. Its limits could not be ascertained accurately towards the cheek and back of the mouth. The imbedded teeth were extracted before the operation. An incision, commencing a little above the angle of the mouth, was carried through the upper lip and cheek to the lower edge of the zygoma; it was slightly curved, with the convexity upwards, to avoid the parotid duct. Several arteries bled freely, and three were tied; but a large quantity of blood was lost, not less than between one and two pints. The base of the growth was then laid bare on the outer side, and a slight groove was made in the same situation by a small saw. The tumour was now readily detached with the cutting forceps, the antrum not being exposed. The wound was united by three sutures, and by a hare-lip pin placed at the angle of the mouth; and the parts were covered by a damp cloth. The passage of blood into the throat, from vessels seated too deeply to admit of ligature, was a source of considerable inconvenience in the operation, by exciting efforts to vomit. In the course of the evening free bleeding came on, and the blood again passed into the throat. It was necessary to open the wound; a large vomiting of blood took place, and the patient was supposed to have lost twice as much blood as she did in the operation. The wound was again brought together as before. It healed throughout by adhesion, and recovery was complete in about a week, the left side of the jaw merely presenting the same appearance as in those who have lost their teeth. This tumour was of close, compact, fibro-cartilaginous structure, at least equal in density to the substance of the gum. There were spiculæ of bone at its basis, and it was necessary to smooth off two or three bony irregularities after the mass had been detached.

[We may conclude that there has been no return of disease in these cases, as both patients were addressed to me by persons whom I knew, and they promised to return to the hospital, or to let me know, if there should be any fresh growth.]

The jaws are so frequently swollen from disease of the bones, or of parts immediately connected with them, and these affections are so various in their nature and treatment, that any contribution calculated to elucidate the latter points is of some value. I shall therefore mention to you shortly two cases which have recently come under my observation:—

A healthy female, between thirty and forty, came to the hospital for my opinion respecting a swelling in her lower jaw. In size and shape it might be compared to the half of a large walnut; it was seated on the outer surface of the lower jaw, and inseparably connected to the bone. Examined through the skin it appeared firm and solid; it was readily felt through the membrane of the mouth, just below the gum; and here fluctuation was perceptible in it. It had been growing for more than a year, and was unattended with pain. The corresponding portion of the gum contained the fangs of a molar tooth, which had been lost by gradual decay. I punctured the part from the mouth, and let out about a dessert-spoonful of fluid, of watery consistence, containing the minute glistening particles which are not unfrequently seen in the fluid of hydrocele. Nothing unhealthy could be discovered in the bone. After a few days the opening was found closed, and the swelling reproduced; it now contained a thickish bloody fluid. I exposed the cavity more largely, and had the decayed stumps removed. In a little time the puncture was closed, and the tumour had disappeared.

Soon after I saw a similar but larger swelling in the upper jaw of a middle-aged woman. It occupied the excavation of the bone below the orbit, causing a conspicuous swelling, and projected a little at the base of the gum; there was manifest fluctuation. The decayed fangs of a grinding tooth had the same relation to the swelling as in the former instance. The complaint had existed for three or four years, without causing pain; and the patient was now induced to seek assistance by the swelling, which was increasing. The case was treated like the last, with the same result. The fluid contained in the swelling was similar to that in the two other cases.

[A third case has lately been seen at the hospital, corresponding with the two preceding, except that no carious teeth were present, though some had been extracted shortly before the swelling was noticed. It was in the upper jaw of a man aged about thirty, and had existed about two years. About a tablespoonful of fluid escaped when the cyst was punctured. A probe introduced at the opening penetrated so far, and could be moved freely, that there was no doubt of its having entered the antrum, although fluid subsequently injected has not passed into the nose. A portion of lint was introduced to maintain the opening, from which a puriform discharge to some extent has occurred. The lint was left out at the end of three or four weeks, and a solution of sulphate of zinc was injected; but the opening has not yet closed, although eight or ten weeks have elapsed since the puncture.]

Four or five years ago I saw a boy, about fifteen years of age, with a swelling of the right upper jaw-bone, apparently arising from a general enlargement of the antrum. The affection had come on gradually, and was unattended with pain. The enlargement of the bone caused swelling of the cheek, and unnatural projection in the mouth above the alveolar process. The prominent part was a little irregular on the surface, and the projection yielded a little to pressure, so as to make it probable that there might be fluid within. The palatine plate was depressed. There was no disease of the soft parts. I punctured the swelling in the mouth, and its contents escaped in the form of a thin mucous fluid. I then cut out a thin slip of the swelling with the cutting forceps, so as to expose the cavity freely. Nothing unhealthy was observed in the lining of the antrum. The opening slowly closed, the swelling subsided, and no further inconvenience has been experienced from this disease, which seemed to be simple enlargement of the antrum from increase of its natural secretion.

I beg to direct your attention to the means employed for uniting a wound, in the case of Mary Edwards, and to their completely successful effect. You have had occasion to witness a similar proceeding and result in the case of the female whose breast I removed for carcinomatous disease three weeks ago. Although it was necessary to remove the entire mammary gland, the integuments were perfectly healthy, and were saved in sufficient quantity to close the wound, which was about eight inches in length. It was brought together by sutures and then covered with a wet cloth. The sutures were cut out in twenty-four hours, and the incision was united by adhesion in its whole length, so completely, that it was necessary to open it a little three days afterwards, to let out some bloody purulent fluid collected in the tract of the ligatures. At the end of a week this patient was sitting up in bed quite well, and could then have traveled safely to her residence in the country, fifty miles distant; but her friends did not consent for her till three or four days after.

The uniting of wounds with sutures is not in favour with modern surgical authorities, who represent it as at least unnecessarily painful, and of itself directly injurious by causing irritation, and consequent inflammation and suppuration of the wound. From some of the representations on this subject, it might be inferred that the use of sutures in wounds would prove the surgeon to be unacquainted with the principles of his profession. I consider these views to be entirely incorrect, and that the union of wounds by suture is much better calculated to secure adhesion than the employment of

adhesive plasters. The objection to the use of sutures formerly employed, are applicable to the mode and not to the principle of proceeding. Large needles were used, and thick threads; these were carried deeply, with the object of uniting the wound throughout; and they were left in until they excited inflammation, swelling, and suppuration, and often cut through the parts embraced. We should employ small needles with sharp points and edges, and slender silk threads, such as we use for tying arteries: we should include teguments alone, or in conjunction with the subjacent adipose texture, and not attempt, in general, to unite muscular parts; and, which is a point of particular importance, we should cut the sutures out at the end of twenty-four, or at farthest, of forty-eight hours. The edges of the wound are sufficiently agglutinated to hold together before the earliest of these periods: if, however, union by adhesion has not occurred before that time, it certainly will not take place afterwards, and the sutures consequently can be of no farther use. When employed in this manner, sutures are sometimes necessary, often advantageous, and never hurtful. In this mode of proceeding the wound and the adjacent parts are left uncovered, so that they can be kept cool by exposure to the air, or by the application of wetted cloths.

The adhesive plasters commonly employed are irritating, and capable of causing heat and redness in the sound skin of a healthy person; how much more likely are they to irritate a wound, where the parts may be expected to inflame in consequence of the operation. When a considerable wound, and the neighbouring surface, to the extent of some inches, are thickly covered with such plasters, with the addition of external dressings and bandages, we may reasonably expect that the adhesive process will fail—that inflammation and suppuration will ensue. The local mischief and suffering are not the worst part of the evil under such circumstances. The inflamed wound disturbs sympathetically the alimentary canal, disorders the circulation and the secretions, thus inducing a constitutional disturbance which is appropriately denominated *traumatic fever*; this reacts on the wound, exciting and maintaining spreading inflammation of the integuments.

It is no slight argument in favour of sutures that we use them on most occasions when it is important to obtain accurate adjustment of the divided parts and speedy union by adhesion. The operation for hare-lip, those for the removal of the upper and lower jaw, and wounds of the face, are examples. The best specimens that I have seen of healing by the first intention have been in wounds treated by sutures in the manner already described, of which I could cite to you numerous and various instances. In a case where I removed the upper jaw, the disease having been attended with considerable enlargement, so that extensive incisions were required, the flaps were united by three or four hare-lip pins and several sutures. The latter were all cut out in twenty-four hours, and the former were removed at the end of forty-eight hours. Union by adhesion was perfect throughout, except in a small part of the wound near the external angle of the eye, where I had trusted to adhesive plaster; at this part the skin was red, and the wound suppurated.

*Case of sloughing chancre in a young female.*—The cases which I mentioned to you in a former lecture, of sloughing, as the primary effect of the venereal poison, were all in males. We have now in the hospital a girl of sixteen, whose case is interesting in reference to the natural history of syphilis, showing that the venereal poison may destroy the vitality of the part to which it is applied, without exciting surrounding disturbance or disordering health. Sarah Woodruff, in Patience ward, was servant in a family in Goswell street. She went out in the evening with two females older than herself, and passed the night with a man, with whom she represents that she had sexual intercourse for the first time. This happened a few days before she came to the hospital. On her admission she had a slough at the right side of the entrance of the vagina; its longest axis was nearly an inch. There was no material inflammation or swelling of the



surrounding parts, and little or no pain. The slough was bounded by a line, at which the process of separation had hardly begun. The appetite and sleep were unimpaired, the circulation undisturbed, and the girl appeared in perfect health. She was confined to bed; the part was poulticed; and no medicine administered, except an occasional aperient. The separation took place favourably, the depth of the mortification being at least one third of an inch, and the surface healed rapidly, a little discharge from the vagina remaining after the cicatrix had been completed. The patient is now ready to leave the hospital. The story told by this female was corroborated by the state of her sexual organs, which were healthy except at the mortified part. The gangrenous affection was not referable to irritation from excessive coition, nor to any constitutional unhealthiness; it must be regarded, therefore, as a local effect produced by the application of an animal poison. The influence of the virus seems to be exhausted in the destruction of the part; the subsequent processes of granulation and cicatrization being performed as healthily as in the case of slough caused by any other agency. The symptoms are more severe when this affection occurs in the male, where the suffering seems to arise principally from the pressure of the inflamed prepuce on the inflamed glans, and is immediately relieved by dividing the prepuce. This aggravation of the mischief does not occur in the female, where the parts are free from all pressure. The cases formerly related show, that in the male as well as in the female, the operation of the virus is arrested by the occurrence of mortification; the dead part is cast off, and no further noxious agency is observed.

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## BIBLIOGRAPHICAL NOTICES.

### *American Journal of Pharmacy.*<sup>1</sup>

This valuable periodical, which has received commendations both at home and abroad, and which has recently been conducted—and ably conducted—by Dr. Carson, Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy, has just commenced its tenth volume,—the fourth volume of the new series. Dr. Bridges has been associated in the editorship.

It consists of three departments,—1. Original Communications; 2. Selected Articles; and 3. Miscellany. The original communications are the following:—1. Boullay's Filter and System of Displacement, with observations drawn from experience. By Augustine Duhamel. 2. Observations on some of the Camphoriferous Essential Oils, and on the Resins evolved from some of the Volatile Oils by their reaction with Sulphuric Acid. By William Procter, Jr. 3. Notes on Falsifications and Adulterations. And 4. Notice of the true Jalap Plant.

The journal is worthy of special patronage, and we recommend it strongly to both the physician and the *pharmacien*. It is published quarterly.

<sup>1</sup> The American Journal of Pharmacy, published by authority of the Philadelphia College of Pharmacy. Edited by Joseph Carson, M. D., Professor of Materia Medica and Pharmacy in the College, and Robert Bridges, M. D. Assisted by a publishing committee, consisting of Daniel B. Smith, Charles Ellis, Prof. Wood, Prof. Bache, Dillwyn Parrish, J. C. Allen, W. Hodgson, Jr., and Elias Durand; correspondents, C. Adamson, and O. Hull, New York; Prof. R. E. Griffith, Charlottesville, Va.; Prof. W. R. Fisher, and G. W. Andrews, Baltimore; Prof. Bigelow, Boston; and R. Peter, M. D., Lexington. Vol. X. New Series, Vol. IV., No. 1, April, 1838. 8vo, pp. 88. Philadelphia.

*Coulson on Diseases of the Bladder.<sup>1</sup>*

The work of Mr. Coulson—one of the most respectable of the London surgeons—which is reprinted in the present number of the "Library"—will be in the hands of our most distant subscribers in a little more than a fortnight after its reception in this country; and such was the case with the work of Syme on the Diseases of the Rectum, published in our last number but one. Nothing can more signally exhibit the value of such publications as the "American Medical Library" than the fact, that in the compass of not much more than one of our numbers, constituting only one twenty-fourth part of the year, we have been able to place before our readers three works which in England are sold for seventeen shillings sterling, and which could not be retailed here for less than six and a half or seven dollars. These three works do not actually cost in the "Library" more than half a dollar.

The chapters in Mr. Coulson's work are ten in number, embracing respectively,—Irritability of the Bladder; Paralysis of the Bladder; Acute Inflammation of the Mucous Membrane; Sub-acute Inflammation of the Mucous Membrane; Acute Inflammation of the Muscular Coat; Chronic Inflammation of the Muscular Coat; Inflammation of the Peritoneal Coat, and of the surrounding Cellular Tissues; Fungus Hæmatodes and Cancer of the Bladder; Foreign Bodies in the Bladder, and Operation for Stone; and Wounds and Injuries of the Bladder.

*Solidification of Carbonic Acid, by Dr. Mitchell.*—Dr. J. K. Mitchell, of this city, has perfectly succeeded with this experiment. It consists in subjecting the gas in an appropriate apparatus to a considerable pressure, say to one of forty atmospheres. By opening a stopcock, the pressure is suddenly removed, and so great a cold is produced, that the gas, having become liquefied by the pressure, freezes, and escapes in the form of a beautiful white solid; the temperature of which is about  $-80^{\circ}$  of Fahrenheit. In some experiments, performed in Edinburgh in February last,<sup>2</sup> the temperature during the process, it was supposed—but it was a mere supposition, for it was not tested—might have been as low as  $-180^{\circ}$ . On mixing the solid carbonic acid with ether, Dr. Mitchell found that the temperature fell to  $-90^{\circ}$ , the lowest point which he had noticed in any of his experiments,—a temperature, by the way, only  $20^{\circ}$  below that observed by Captain Franklin, on one occasion, in the northern part of this continent, in the open air.

The results of Dr. Mitchell's experiments, which we have more than once had the gratification to witness, will doubtless be published by that accomplished chemist. By means of an admirably constructed apparatus, he appears to have succeeded better than any of his predecessors or contemporaries in the experiment.

*Detmold on the Division of the Tendo Achillis in Club-Foot.*—In the last volume of the "Intelligencer,"<sup>3</sup> two communications were published, describing the history, and mode of performing, this successful operation for the removal of a distressing deformity. Recently, Dr. W. Detmold, of

<sup>1</sup> On Diseases of the Bladder. By William Coulson, Surgeon. 12mo, pp. 153. London, 1838.

<sup>2</sup> Edinburgh Medical and Surgical Journal, for April, 1838.

<sup>3</sup> See No. 13, for Oct. 1, 1837, p. 233, and for March 1, 1838, p. 418.

New York,<sup>1</sup> has detailed some cases of this nature operated upon by and in the remarks of the editor of the journal in which they appear appended to Dr. Detmold's paper, it is stated, that "the merit of being first to perform the operation in this country is, we believe, justly due to the correspondent."<sup>2</sup>

We attach but little importance to the fact of precedency as to the adoption of any particular plan of treatment successfully practised elsewhere but as a matter of history we doubt whether the merit of being the first to perform the operation in this country rests where the editor of the American Journal has placed it. Dr. N. R. Smith, of Baltimore, carried the operation into effect a considerable time, we believe, before the date of Dr. Detmold's cases. If we are in error, Dr. Smith will place us right; we hope he will communicate the results of his experience on the subject to the profession.

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*Pennsylvania Hospital.*—Dr. Thomas Stewardson has been re-elected one of the attending physicians to this institution in the place of William Rush, resigned.

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*Philadelphia Hospital, Blockley.*—Dr. Robley Dunglison has been appointed one of the attending physicians to this institution, in the place of Dr. Stewardson, resigned.

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### NECROLOGY.

*G. R. Treviranus.*—This distinguished physiologist—author of many valuable contributions to science, and the co-editor of Tiedemann's *Zeitschrift für Physiologie*,—died on the 16th of February, 1837, at the age of 61.

*Louyer-Villermay.*—This gentleman, who was a member of the Académie, died on the 22d of December, 1837, of apoplexy. He was the author of a treatise on Nervous Diseases (vol. 2, Paris, 1832); of many articles in the *Dictionnaire des Sciences Médicales*, and of various medical communications in the journals. His funeral *éloge* was pronounced by M. Paris.

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### BOOKS RECEIVED.

*From the Author.*—The Structure of the Eye, with reference to Natural Theology. By William Clay Wallace, Oculist to the New York Institution for the Blind, and to the Orphan Asylum: late Physician to the Northern Dispensary, &c. 12mo, pp. 52. New York, 1836.

*From the Author.*—Fiske Fund Prize Dissertations of the Rhode Island Medical Society. Cholera Infantum, its Causes and Treatment. By David King, Jr., M. D. (with a motto.) 8vo, pp. 22. Boston, 1837.

*From the Hon. J. Jackson, Member of Congress from Georgia.*—Reports Nos. 1 and 2 for a Marine Hospital on the Western Waters;—the first to accommodate one hundred patients, the other fifty. Washington, 1837.

*Die Krankheiten des Fœtus*, von Dr. J. Grätzer, ausübendem Arzte und Geburtshelfer. 8vo, s. 272. Breslau, 1837.

<sup>1</sup> American Journal of the Medical Sciences, for May, 1838, p. 105.

<sup>2</sup> Ibid, p. 127.

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ART. I.—ON WIND CONTUSIONS.

BY JOHN R. PURDIE, M. D.

Smithfield, Va, May 24th, 1838.

*To Professor Dunglison.*

Some remarks of Samuel Annan, M. D., respecting the nature of *Wind Contusion*, in the latter part of his paper on "Gun-Shot Wounds," published in the "Intelligencer" of the 2d April, have particularly attracted my attention, from the circumstance of his having advanced the opinion, that "the elasticity of the parts against which the ball impinges" will "account for these remarkable occurrences." The fact that persons are frequently found dead after an engagement, on whose bodies no external marks of violence are visible, has more or less engaged the attention of all writers on military surgery. The question of the immediate cause of such deaths has been attempted to be solved in different ways, but still remains in doubt. I perfectly agree with Mr. Samuel Cooper as regards the absurdity of considering such cases the effects of commotion in the air produced by the rapidity of the bullet's motion; and I also concur with Dr. Annan in his criticism of Mr. Cooper's notion of "reflection" of bullets from the "surface of the human body."

But is Dr. Annan's idea of elasticity more plausible? Or can all such cases be satisfactorily explained by it? Let us examine his position. The Doctor says, "When a bullet strikes the abdomen or thorax with a force *not quite sufficient* to penetrate, the elasticity of the parietes of those cavities will cause it to rebound; and while great injury may be done to the parts within, which are driven against the spine, or some other unyielding substance, the skin and muscles may entirely escape."

Granting that a *spent ball* might produce death, by injuring the viscera of the great cavities, without leaving any visible mark on the skin, how will he account for cases of this kind caused by balls or portions of shell moving with their *maximum* velocity? Or does he contend that missiles under such circumstances never produce *wind contusions*? If he assumes the latter ground, the following case, I think, will refute it. It was related to me by a friend who was a soldier in Fort McHenry, during the bombardment of the British fleet, in 1814. The fleet, being beyond the reach of the American guns, sent forth a continued stream of bombs at the fortification, many of which fell within its walls. During this period our brave troops, under the gallant Armistead, were unprotected and unemployed, except in standing by their pieces, awaiting a nearer approach of the enemy. While in this state of anxious suspense, a well-directed shell approached the fort, and burst about ten feet from the ground, immediately over a cannon, on which were sitting a lieutenant, a sergeant, and two or three privates. The lieutenant, I think, was killed, perhaps others were more or less injured by the explosion, and on examining his body not the slightest bruise or scratch was to be found.

Now can it be imagined that a rough and angular piece of shell, possessing the velocity which such objects must have at the above-named distance

from the point of bursting, could have struck a human body with sufficient force to produce death, without leaving some external trace? Methinks the most elastic body, caoutchouc itself, must have yielded to so great a momentum. My informer is a gentleman of the strictest veracity, and at this time a citizen of Baltimore.

I have never witnessed but one case of *wind contusion*, and that did not occur in a human being. About two weeks since, I was amusing myself with two friends, by shooting frogs with a rifle. We had killed several while standing on the margin of a pond not exceeding twenty feet in width, and after exhausting our ammunition dragged them ashore by the assistance of a pole. On examination we found that one had not the least external sign of injury, and I was minute in inspecting the head, that being the part at which we directed our aim. How could a rifle-ball, shot from a distance not exceeding fifteen feet, strike the tender organisation of a frog, kill it, and yet produce no wound. I must admit it is beyond my conception. These cases must satisfactorily refute the idea that *spent balls* alone produce the effects of which we are speaking.

Then if neither of these opinions be correct, in what manner shall we explain this incident? It appears to me that the *rationale* offered by Elisha De Butts, the late highly talented and deeply regretted professor of chemistry in the University of Maryland, is, if not perfectly satisfactory, at least highly plausible. I have never seen his idea on the subject in print; but he mentioned it to his class each of the three years that I was a member of it (from 1826 to 1829.) According to the professor, electricity is the cause, but he did not suppose it to be collected "by the violent friction of the air in the bore of the gun," as supposed by some. He formed his opinion from the fact that, many bodies in passing through the atmosphere collect electricity. This takes place in a greater degree when "the air is loaded with a great excess of electricity, which cannot escape into the earth on account of the want of moisture." In this condition of the atmosphere even small objects collect it in sufficient quantity to evince various electrical phenomena. M. Rozet, in his "*Voyage dans la Regence d'Alger*," mentions that "Thus, on the 8th May, 1831, the whole atmosphere appeared on fire at sunset in the neighbourhood of Algiers. White flames were seen issuing from the points of the flag staffs on the ramparts for the space of half an hour; the points of the hair of some officers who were walking seemed to be surrounded with a similar luminous appearance. On raising up their hands they were astonished at perceiving similar points of light issuing from the tips of their fingers."

The professor satisfied himself that bombs collected a sufficiency of electricity to become luminous in the dark, from observations which he made during the bombardment of Fort McHenry. Having procured a small mortar and accompanied only by an ignorant negro, he proceeded at night to a point on the opposite shore from the fort, from which he could distinctly perceive each discharge of the British mortars. Having satisfied himself that the shells became luminous after proceeding some distance from the mortar he enquired of the negro whether he saw any bright object passing in a certain direction, and what it resembled. The fellow answered affirmatively, and said that it looked like a little moon; which corresponded exactly with his idea of the appearance of the luminous shell. This experiment the professor made to his class in confirmation of his opinion, that electricity collected by balls when passing through the air, is sufficient to cause the death of a human being when discharged into his body—thus producing the phenomenon commonly called *wind contusions*. The sudden appearance of the shell could not have been caused by the match, but it was not observed until the shell had issued a considerable distance (about one third of that intended) from the mortar—had the match occasioned its lustrous appearance, it would have been witnessed as soon as the shell escaped from the smoke of the discharge.

I am not aware that the most positive solution of this question

afford much practical importance, but believing the opinion of the learned professor has never been placed on record, and having my attention drawn to the subject by the remarks of Dr. Annan, I offer this paper to you for publication, should you deem it worthy of a place in the "Intelligencer."

J. R. PURDIE, M. D.

## ART. II.—PROF. T. R. BECK IN REPLY TO PROF. MONTGOMERY, OF DUBLIN.

In Dr. Montgomery's excellent work, referred to in the subjoined communication from Dr. Beck, there is the following note:—

"Dr. Beck, in a note to his chapter on Legitimacy, Ed. 5, p. 331, says he is 'peculiarly happy to find that Dr. A. Thomson is a firm believer in the uniform period of gestation;' but to me it appears that in so saying he does not correctly represent the sentiments of Dr. Thomson, whose opinion I find thus expressed in a lecture of his, recently published in the *Lancet* for December 3, 1836. 'I am not so attached,' he says, 'to my own opinion, as to deny that a difference of one, or even two weeks may occur; but beyond that, the case certainly becomes questionable,' p. 347. And again, he adds, 'My opinion is decidedly against the possibility of the protraction of uterine gestation for many days over forty weeks from the time of conception,' p. 248. Here is, as appears to me, a distinct admission that gestation may be prolonged, and that Dr. T. would not refuse his assent to a protraction of even two weeks."—*Montgomery*, p. 280.

The following explanation of Dr. Beck is entirely satisfactory.—*Ed.*

Albany, May 28, 1838.

*To Professor Dunglison.*

In a note to my chapter on Legitimacy, I made the following remark,—  
"I am happy to find that Dr. Anthony T. Thomson is a firm believer in a uniform period of gestation," and quoted my authority for this. I am sorry to find that Dr. Montgomery in his work on the Signs and Symptoms of Pregnancy impugns my accuracy, and in proof quotes a number of the *Lancet* published *more than a year* after my treatise on Medical Jurisprudence issued from the press.

It is sufficient to quote the words of Dr. Thomson from the publication to which I referred (*London Med. and Surg. Journal*, vol. 6, p. 546), "I must declare to you my opinion, that, except in cases in which something occurs to interrupt the regular function of the uterus, so as to produce a premature expulsion of the fœtus, labour will *always* occur at two hundred and eighty days after conception. This opinion is of the most ancient date."

Yours,

T. ROMEYN BECK.

## ART. III.—CASE OF SERIOUS CONVULSIVE DISEASE.

COMMUNICATED BY DR. JOSEPH PEACE, OF PHILADELPHIA.

The following case, contained in a letter from Dr. H. I. Posey, of Florence, Alabama, to a friend in this city, is illustrative of the views of Prochaska, Marshall Hall, and others. It may be known to most of our readers, that Dr. M. Hall proposes to divide all the nerves into—1. The *cerebral* or the *sentient* and *voluntary*; 2. The *true spinal* or *excito-motory*; and 3. The *ganglionic* or the *nutrient* and *secretory*. If the sentient and voluntary functions be destroyed by a blow upon the head, the sphincter muscles will still contract when irritated, because the irritation is conveyed to the spine,

and a reflex action takes place to the muscle so as to throw it into contraction. But if the spinal marrow be now destroyed, the sphincters remain entirely motionless, because the centre of the system is destroyed. Hall thinks, that a peculiar set of nerves constitute, with the true spinal marrow as their axis, the second subdivision of the nervous system; and those of the first subdivision are distinguished into sentient and volitional; these may be distinguished into the *excitor* and *motory*. The *first*, or *excitor* nerves, pursue their course principally from external surfaces, and are characterised by peculiar excitabilities, to the true medulla oblongata and spinalis; the *second*, or the motor nerves, pursue a reflex course from the medulla to the muscles, having peculiar actions, concerned principally in ingestion and egestion. To the cerebral system, Dr. Hall assigns the diseases of sensation, perception, judgment, and volition,—therefore the painful, mental, and comatose, and some paralytic, diseases.<sup>1</sup>

There can be little doubt to which of the groupes Dr. Hall would assign the present case.—*Ed.*

Florence, Alabama, April 16th,

Dear Brother,—According to promise I herewith send you a statement of the case of my little son, as near as my recollection serves me. I regard upon the case as one of remarkable and peculiar characteristics, and peculiar without a parallel in the annals of disease. He was attacked in the month of May, 1837, being then about three years and a half old, and the following were the symptoms:—Unusual drowsiness and inactivity were observed a day or two previous to the development of the train of symptoms which followed in rapid and alarming succession, until complete insensibility and prostration of strength ensued; although the child ate and slept as usual, and had been in good health for months past. The little sufferer asked to have his bed at an unseasonable hour, was gratified, fell into a deep sleep, and remained in that apparently easy situation for a couple of hours, when he suddenly started from his sleep with horror depicted on his countenance, and a fearful sense of *falling* was eagerly and anxiously expressed to his mother, although he was lying flat upon his back in bed. He was picked up, still under the influence of a most timid and apprehensive state of feeling, and placed upon an easy chair, at his request; but he had not long rested in that position before his screams arrested the attention of his father, who immediately gave information that the child was having a fit. I reached him soon after the paroxysm was off, and had an opportunity of observing minutely the progress of the symptoms, as they occurred, throughout the succession of the spasms which he was destined to endure. At the onset of a paroxysm his lower extremities were drawn up, his fist clenched, and eyes turned upwards and outwards, with an anxious expression on his face. The spasm passed off in about two or three minutes, leaving the patient quite himself again, with the exception of an undefined expression of terror and evil omen remaining upon his features. These fits or spasms came on at intervals of from three to five or ten minutes, and lasted from three to five minutes, during which time the respiration was difficult and hurried, accompanied with piteous moans and a clammy perspiration. After several fitful paroxysms had continued with but little variation for several days, the faculties of speech and the power of locomotion left him, but his intellect, from all tangible evidence, remained unimpaired. During the fits, he would attempt to raise himself in bed, from the apprehension or sense of falling, and was accordingly assisted up, and held in a sitting posture until the spasms receded. These spasms commenced first by a rolling or fixating the eyes upwards and outwards, or crossed, and a gradual though firm

<sup>1</sup> Principles of the Theory and Practice of Medicine, p. 242, London, 1837.

traction of the *extensor* muscles of the hands and feet, which bent them *backwards* upon the wrists and ankles. There were no *rigors* of the muscular system, such as are generally observed in ordinary convulsions, but a smooth and firm contraction. After continuing in this manner at intervals of from three to five minutes for nearly a day, the spasms attacked the *flexor* muscles of the arms and legs, and a corresponding change likewise took place in the direction of the eyes, but all the other symptoms continued as before. The contractions of the muscles were smooth and progressive throughout the paroxysms, and a sense of pain was only apparent at the accession of the spasms. These symptoms continued with but little intermission for two days and a half, during which period no less than *two thousand distinct paroxysms* must have occurred.

From the beginning of the disease, the usual remedies for worms (they being suspected to be the cause) were promptly exhibited in full doses, together with the catalogue of antispasmodics, &c.

One *live* worm was discharged from the stomach the first day, nine or ten inches in length, and two or three of equal dimensions (alive) passed the bowels the day afterwards. From the time of the discharge of the worms, the little sufferer evinced marked signs of relief, and a gradual diminution in the severity and frequency of the spasms followed the repetition of the remedies, and the patient was left free from spasms, but in a *speechless* and helpless condition, which lasted for three or four months afterwards, though in the possession of all his mental faculties. The great prostration of the nervous power, produced by the number and severity of the shocks received, has lasted even until now; but a gradual return of the faculties of speech and the powers of locomotion has likewise taken place. First he could only roll himself over on the floor, from place to place; next he began to crawl, and now he can stand without assistance, and make a few steps without falling. His speech has been returning in the same gradual manner. His appetite and general health are good, and the improvement of his strength slow but progressive. The total loss of speech and the power of locomotion, and the contractions of the *extensor* system of muscles, while at the same time the functions of digestion, respiration, secretion, &c., continued unimpaired, are what I consider *peculiarities* in this case; and it is furthermore remarkable, that during the whole course of the malady no symptoms of fever or constitutional disease have been manifest; on the contrary, the system has appeared to discharge all its natural duties with ease and perfection. The skin has remained cool, moist, and of a healthy feel, the pulse regular, soft, and compressible, the tongue clean, and all the secretions and excretions have taken place uniformly and naturally. The case appears to be an anomalous one, and I submit it to the farther investigation of others, hoping it may find a parallel, with effective means of cure.

Your brother,  
H. I. POSEY.

#### ART. IV.—DEEP PENETRATION OF THE BRAIN BY A KNIFE, RECOVERY.

BY CONGREVE SELWYN, M. D.,<sup>1</sup>

Consulting Physician to the Ledbury Dispensary.

William Bishop, living at Hill Farm, Bosbury, Herefordshire, aged four years at the time of the accident (Sept. 1821), was eating his dinner, his plate being on a kitchen chair; near him was another chair; he placed a foot on a bar of each chair; the chairs receded from each other, in consequence of the motion given to them while his limbs were extended. He fell, and the knife entered in the following manner.

<sup>1</sup> *Lancet*, March 31, 1838, p. 16.



The father of the boy at the time of the accident, told me that it required all his force to dislodge the knife from its situation. It was a common cheese-knife, about four and a quarter inches long in the blade, and averaging three quarters of an inch broad. It entered in a direction nearly horizontal to the depth of three inches and a quarter, entering the right orbit immediately beneath the superciliary ridge, and penetrating (through the posterior part of the orbital plate of the frontal bone) the substance of the brain, injuring in its course the optic nerve, and the levator palpebre superioris muscle, or the motor filament supplying it.<sup>1</sup> The hemorrhage was slight. After the removal of the knife some portion of brain protruded. More was also discharged on the eighth day after the injury. He did not sleep for a fortnight after the accident, and was delirious during the recovery. The treatment consisted in low diet, little or no medical treatment, and the application of strips of adhesive plaster to the wound, which was entirely healed in six weeks. There was never any exfoliation of bone.

The present state of the eye shows the globe to be sound and healthy in its structure, though less prominent than the other. Its muscular action is all correctly performed excepting that of the levator palpebre superioris. The vision is entirely lost in that eye. The pupil is dilated, and is insensible to the stimulus of light.

As regards the present state of mind, all the senses are perfect, except the vision of the injured eye. The memory is very defective. He is incapable of applying to any pursuit requiring mental activity. His disposition is irritable, especially after indulging in liquor, or after any unusual exertion. He has occasional pain on the injured side of the forehead, and has once since had typhus fever. His bodily health is now good, and he is able to use the free use of the superior and inferior extremities.

## ART. V.—SINGULAR TUMOUR IN THE RECTUM, IMPEDING DELIVERY.

BY JOSEPH KISCH, LONDON.<sup>2</sup>

I was called in on the 27th ult., at 8 o'clock, A. M., to attend Mrs. labour with her fourth child. I understood from the nurse that the labour had been regular but slow, during the night; and I proceeded to examine the vagina, when, on passing my finger, I felt a fulness of the posterior parietes of the vagina, resembling the distension produced by a loaded tumour, but firmer; the os uteri was dilated to the size of half a crown, the membranes presenting. I retired. On returning a few hours afterwards I found the patient in the same condition. I waited some time, and finding her incapable of passing the urine, and the bladder being distended, I relieved it by the catheter, and prescribed an enema, but the patient being averse thereto had recourse to castor oil, during my absence, which she did not operate. Circumstances remained in the same state until evening, when on again examining for the purpose of ascertaining the progress the labour was making, I felt the same apparent distension of the rectum, into which I was therefore induced to pass my finger, when, instead of hardened faeces I discovered a solid body (filling the hollow of the sacrum) situated between the rectum and vagina, and which was incompressible. I felt satisfied by its bulk that parturition could not be accomplished by the natural effort, and being uncertain of the composition of the tumour described, I determined to ascertain that point, and therefore went home to procure a hypodermic trocar, which (having previously drawn off the urine) I passed into the rectum into the substance before described, and on withdrawing the s

<sup>1</sup> There is now ptosis, probably from paralysis of this muscle.

<sup>2</sup> Lancet, March 31, 1838, p. 16.

and finding nothing escape by the canula, I withdrew it, and on examining it saw a substance resembling cream filling the aperture, which clearly denoted the tumour to be of the melliceris kind; I therefore procured a larger trocar (such as is used for paracentesis abdominis) with which I repunctured the tumour, and on withdrawing the stilette a large quantity (about eight ounces) of fluid escaped into a vessel, held for the purpose, which, within five minutes became concrete, resembling honey in appearance, and within a quarter of an hour I had the pleasure of witnessing the birth of a very large female child by the natural efforts. The patient continued to do well, and on the tenth day after delivery I examined the vagina and rectum, and could not detect any trace of the tumour, nor has Mrs. M. experienced any inconvenience whatever from the operation. I should observe, also, that, with the exception of a very slight difficulty in evacuating the *feces*, Mrs. M. had no symptom whatever of the existence of the tumour. This information was not elicited until after delivery. I have also preserved the contents of the tumour for the inspection of the curious.

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#### ART. VI.—SULPHATE OF QUININE IN ENGORGEMENT OF THE SPLEEN.

A writer in a late French journal,<sup>1</sup> after referring to some of his former observations on the efficacy of large doses of sulphate of quinine in engorgements of the spleen consequent on intermittent fevers, proceeds to detail a case to prove that the best medicines may be unsuccessful with certain subjects. The patient was a shoemaker, living on a ground floor, damp, low, and without light. He had been subject to intermittent fevers, and an enormous engorgement of the spleen supervened in consequence, for which he entered the hospital five months previously. M. Andral persevered in the exhibition of from twelve to thirty grains of sulphate of quinine daily. This medicine led to no diminution of the engorgement. A large blister was then applied to the left side, and was not attended with a more favourable result. As was natural, the persistence of this engorgement induced ascites, which increased rapidly, and in the course of two months he was obliged to be tapped twice. The powers of the patient were decreasing, and he would probably fall a victim to this affection.

The writer saw it, however, dissipate several engorgements of the spleen some months ago, at the Hôtel-Dieu, under the attendance of M. Chomel. Thus, in a patient who entered with considerable engorgement of the spleen, consequent on intermittent fever, this remedy succeeded completely. The administration of the sulphate of quinine, continued several days in the dose of twelve grains, overcame the incomplete paroxysms which existed; and under the influence of the same treatment the spleen recovered its normal dimensions. Another woman had for a long time been troubled with intermittent fever, which had yielded to sulphate of quinine; her menses were suppressed, and at the same time her abdomen acquired a very considerable size; she thought herself pregnant, but an examination made by a physician, was not long in convincing the patient that the enlargement of the abdomen was owing to an increase in size of the spleen, which occupied all the left side, and reached very nearly the umbilicus. After an application of leeches to the anus, the patient was put upon the use of sulphate of quinine; the spleen soon decreased, and it had nearly returned to its normal state when the patient left the Hôtel-Dieu.

<sup>1</sup> Bulletin générale de Thérapeutique Médicale et Chirurgicale, Nov. 30th, 1837.

## ART. VII.—REPORT OF THE PENNSYLVANIA HOSPITAL

The following is the list of cases treated at this valuable institution during the year ending on the 28th of April last.

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request.	Discharged for mis- conduct.	Eloped.	Died.	Remain.
<b>ACCIDENTAL INJURIES, VIZ.</b>							
Burns and scalds . . . . .	8	1	0	0	0	6	1
Contusions and wounds . .	96	14	8	0	0	12	13
Gun-shot wounds . . . . .	2	2	0	0	0	2	1
Fractures . . . . .	68	3	6	0	0	9	5
"    ununited . . . . .	2	0	0	0	0	0	0
Dislocations . . . . .	13	0	1	0	0	0	0
Sprains . . . . .	18	1	2	0	0	0	1
Frosted . . . . .	2	0	0	0	0	0	1
Poisoned . . . . .	1	0	0	0	0	0	0
<b>DISEASES OF THE CHEST AND RES- PIRATORY ORGANS.</b>							
Asthma . . . . .	1	0	0	0	0	0	0
Bronchitis . . . . .	11	3	3	0	0	3	1
Catarrh . . . . .	8	4	0	0	0	0	1
Hæmoptysis . . . . .	1	0	0	0	0	0	0
Phthisis pulmonalis . . . .	0	2	3	0	0	5	4
Pleurisy . . . . .	6	0	2	0	0	1	0
Pneumonia . . . . .	5	1	1	0	0	3	2
Affections of the heart . . .	2	0	2	0	0	1	1
<b>DISEASES OF ABDOMINAL VISCERA.</b>							
Colica Pictonum . . . . .	1	0	0	0	0	0	0
Diarrhœa . . . . .	4	1	0	0	0	4	0
Dysentery . . . . .	12	0	1	0	0	4	0
Constipation . . . . .	2	0	0	0	0	0	0
Enteritis . . . . .	2	0	0	0	0	0	0
Gastritis . . . . .	4	0	0	0	0	1	2
Hernia . . . . .	1	0	0	0	0	0	0
Hæmorrhoids . . . . .	2	1	0	0	0	0	0
Fistula . . . . .	4	3	0	0	0	2	0
Artificial anus . . . . .	1	0	0	0	0	0	0
Prolapsus ani . . . . .	1	0	0	0	0	1	0
Worms . . . . .	1	0	0	0	0	0	0
Hepatitis . . . . .	2	0	0	0	0	0	0
Dyspepsia . . . . .	0	1	0	0	0	1	1
<b>DISEASES OF GENERATIVE AND URINARY ORGANS.</b>							
Diseased uterus and vagina .	2	4	1	0	0	0	1
"    bladder and urethra .	5	1	1	0	0	0	0
"    testes and penis . . .	9	2	0	0	0	0	3
Irregular catamenia . . . .	3	1	0	1	0	0	3
Stone in the bladder <sup>1</sup> . . . .	4	0	0	0	0	0	1
Syphilis . . . . .	58	6	3	0	0	1	4
<b>DISEASES OF THE BONES.</b>							
Caries and necrosis . . . . .	1	0	1	0	0	1	0
Diseased joints . . . . .	9	1	0	0	0	0	5
"    spine . . . . .	0	0	0	0	0	0	1

<sup>1</sup> Two cases of stone in the bladder were cured by lithotripsy and two by lithotomy.

ADMITTED FOR	Cured.	Relieved.	Removed by friends, or at their request.	Discharged for mis- conduct.	Eloped.	Died.	Remain.	Total.
<b>DISEASES OF THE SKIN.</b>								
Erysipelas . . . . .	2	0	0	0	0	1	1	4
Eruptions . . . . .	2	0	0	0	0	0	0	2
Psoriasis . . . . .	3	0	1	1	0	0	2	7
Tinea capitis . . . . .	2	0	0	0	0	0	0	2
<b>DISEASES OF THE NERVOUS SYSTEM.</b>								
Cephalalgia . . . . .	4	1	0	0	0	0	0	5
Chorea . . . . .	1	0	0	0	0	0	0	1
Convulsions . . . . .	1	0	0	0	0	0	1	2
Epilepsy . . . . .	1	0	0	0	0	0	0	1
Hysteria . . . . .	0	0	1	0	0	0	0	1
Neuralgia . . . . .	1	1	1	0	0	0	0	3
Spinal Irritation. . . . .	1	2	0	0	0	0	0	3
Paralysis . . . . .	2	3	2	0	0	2	4	13
<b>DISEASES OF THE SANGUINEOUS SYSTEM.</b>								
Apoplexy . . . . .	2	0	0	0	0	1	0	3
Inflammations . . . . .	23	0	0	0	0	0	1	26
Jaundice . . . . .	2	0	0	0	0	0	1	3
Fevers . . . . .	17	2	0	0	0	3	1	23
" Bilious . . . . .	2	0	0	0	0	0	0	2
" Intermittent . . . . .	26	0	0	0	0	1	0	27
" Remittent . . . . .	7	0	0	0	0	0	1	8
" Typhus . . . . .	1	0	0	0	0	4	1	6
" Typhoid . . . . .	14	0	0	0	0	5	0	19
Small pox . . . . .	5	0	0	0	0	1	0	6
Rubeola . . . . .	0	0	1	0	0	0	0	1
<b>MISCELLANEOUS CASES.</b>								
Cancer . . . . .	1	0	1	0	0	1	0	3
Abscess . . . . .	2	0	0	0	0	1	2	5
Ulcer . . . . .	40	9	2	2	0	0	5	58
Paronychia . . . . .	3	1	0	0	0	0	0	4
Tumour . . . . .	4	1	1	0	0	0	2	8
Hare lip . . . . .	2	0	0	0	0	0	0	2
Scrofula . . . . .	3	1	1	0	0	0	0	5
Scurvy . . . . .	0	2	0	0	0	0	0	2
Elephantiasis . . . . .	1	0	0	0	0	0	0	1
Drepy . . . . .	8	1	2	0	0	4	3	18
Rheumatism . . . . .	57	7	1	0	0	2	8	75
Diseased eyes . . . . .	21	4	5	1	0	0	5	36
Varicose veins . . . . .	3	0	0	0	0	0	0	3
	634	89	55	5	0	83	89	757
Insanity . . . . .	21	17	27	0	1	14	100	180
Mania a potu . . . . .	18	0	0	0	0	3	1	22
	675	106	82	5	1	100	190	1159
<b>PREGNANT WOMEN.</b>								
Delivered safely . . . . .	39	—	2	0	0	1	5	47
Infants discharged in health <sup>1</sup>	37	—	0	0	0	1	2	40
			84	5	1	102	197	1246

<sup>1</sup> Two female children were still-born.

## ART. VIII.—A MODE OF RELIEVING PATIENTS LABOURING UNDER ENLARGEMENT OF THE VEINS OF THE TESTES.

BY THOMAS WORMWOOD, ESQ.<sup>1</sup>

Assistant Surgeon and Demonstrator of Anatomy at Bartholomew's Hospital.

When cases of varicocele are allowed to proceed without any means being adopted for their relief, the patients may experience inconvenience from pain in the loins and spermatic cord, and frequently are incapacitated from walking any considerable distance.

P. W., aged 19, applied to me in the year 1832, in consequence of a varicocele of very large dimensions, which had existed two years, and had been progressively getting worse.

The veins were distended to the size of a large apple; so much so that the patient was inconvenienced, that a walk of half a mile produced great pain in the loins and spermatic cord. After a consultation with Sir A. Cooper, cold compresses, suspensory bandages, &c., having been employed without affording the slightest relief, Sir Astley recommended the removal of a portion of the scrotum. To this proceeding the patient would not consent. I then adopted the following mode of treatment:—

A ring, about an inch in diameter, made of soft silver wire, of a suitable thickness, was padded, and covered with wash leather. Through the ring I drew the lower part of the scrotum, whilst the patient was in the recumbent position, and the veins comparatively empty. I then pressed the sides of the instrument towards each other with sufficient force to prevent the veins from escaping.

The use of this instrument every morning before the patient rose from his bed, enabled this gentleman to walk nineteen miles on the third day after the first application; and although he has for six years worn an instrument of this description, he has never experienced the least inconvenience.

And I may add, that other patients, (and amongst them medical practitioners labouring under varicocele, have found the greatest relief from this contrivance.

## BIBLIOGRAPHICAL NOTICES.

*Professor Yandell's Address to the Medical Society of Tennessee.*

We have seen few ephemeral publications—addresses to medical societies, introductory and valedictory lectures, for example—which have impressed us more favourably than the one before us. It is creditable to the author in its spirit and in its execution; and its main object appears to be to attract the attention of the profession to a proper estimate of their interests, and the best means of furthering them. The peroration, notwithstanding a little more apostrophic, and certainly somewhat more florid than rest, may give an idea of the author's style.

“Mr. President: In casting your eye over this body you find vacant seats of a number of those members who were of our first meeting, and who encountered disease among the early settlers of Tennessee;—and

<sup>1</sup> London Medical Gazette, April 28, 1838, p. 194.

<sup>2</sup> An Address delivered before the Medical Society of Tennessee, at its eighth meeting at Nashville, on the 7th of May, 1838. By Lunsford P. Yandell, M. D. Published at the request of the Society. 8vo, pp. 23. Louisville, Ky., 1838.

extend your view over the state, you will find few of the pioneers of the profession. In reference to that body and period it may be said,

“Star after star decays,  
Every bright name that shed  
Light o’er the land is fled.”

The first generation of physicians in Tennessee has passed away; and we stand here their successors and representatives. They spent their days in the discharge of labours “huge and hard”—labours which demanded great bodily strength, industry, and courage—pursuing their way along blind uncertain paths—encountering hardships and privations to which these luxurious days afford no parallel. Amid such lives of toil, there could be but little leisure for study. Few books were reprinted in America, and few could be commanded. Those men had small advantages of professional intercourse. Schools of medicine were remote, and the expense of visiting them beyond the ability of most practitioners,—and above all, they were without the advantages of the periodical press. These difficulties have passed away with the generation of men who lived in the midst of them. And with all the augmented means and facilities which we enjoy—with macadamised roads, and the power of steam to hasten our travel—pursuing our professions in crowded, cultivated cities, or in thickly settled neighbourhoods, and with increased leisure thus for study—brought into contact with all parts of the country, and light from the farthest east flying to the remotest west with more than the speed of the revolving seasons—the discoveries at Paris or Vienna transmitted to Philadelphia, and from Philadelphia to Louisville or St. Louis, as if by telegraphic agency—with these enlarged efficiencies, shall we be accounted to have discharged the whole amount of duty to our profession, if we pursue them with no more than the ardour and success of our forefathers? Nay! with the multiplication of means has come a heavier weight of responsibility. We are invoked by the laborious example of our predecessors—by the clamorous wants and imperfections of the healing art—by the complicated sufferings of our fellow men—by the efforts of the profession in other lands—by our pride of state, and pride of profession, to transmit the science of medicine to our successors enriched by our labours.”—p. 23.

We observe, by the way, at page 11, a trifling inaccuracy in ascribing to the Institute of France that which appertains to the Ecole de Médecine,—the latter forming no part of the former.

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*Mr. Sinclair's Address to the Graduates of the Medical College of Georgia.*<sup>1</sup>

There are several strong recommendations to this valedictory lecture. It is brief, terse, and appropriate. If brevity be proverbially the soul of wit, it is equally so, we think, of such productions.

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*Kramer on Diseases of the Ear.*<sup>2</sup>

Our opinion of this excellent work has been amply exhibited,—in the first place by the commendatory notice we took of it in our first volume;<sup>3</sup> and in the next by our reprinting it in the “Library.” We need only remark, at present, that it can now be procured in a separate form.

<sup>1</sup> Address to the Graduates of the Medical College of Georgia, delivered April 2, 1838. By the Rev. Elijah Sinclair, one of the Board of Trustees. Published by order of the Board of Trustees. 8vo, pp. 11. Augusta, 1838.

<sup>2</sup> For the title see *Books Received*, at the end of this number.

<sup>3</sup> *Intelligencer*, I., 438.

*Grätzer on the Diseases of the Fœtus.<sup>1</sup>*

The subject of diseases of the fœtus is by no means devoid of interest, yet it has been but little attended to. It embraces of course all those diseases that are connate, and several of which demand the attention of the surgical practitioner more especially. Of course they cannot become of therapeutic importance until the child is born, but the mode in which they are induced *in utero* involves many questions of interest in pathology.

Dr. Grätzer is not the first writer on this subject. In the year 1702 the thesis was defended by Dr. Düttel;<sup>2</sup> and *ex professo* treatises on the subject were subsequently published by Valentine,<sup>3</sup> Shurig,<sup>4</sup> Ohme,<sup>5</sup> Ziegenhagen,<sup>6</sup> Hoogeveen,<sup>7</sup> Engelhart,<sup>8</sup> Ohler,<sup>9</sup> Seeligman,<sup>10</sup> Zuccarini,<sup>11</sup> Hufschmidt,<sup>12</sup> Hardegg,<sup>13</sup> Billard,<sup>14</sup> Bergk,<sup>15</sup> Zurmeyer,<sup>16</sup> and others.

The work of Dr. Grätzer considers, 1. The general diseases of a chronic character; 2. General diseases of a chronic character; and 3. Diseases of a chronic character.

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*Calculus Formation in the Tonsil.<sup>17</sup>*—Dr. Wedding, of Stuhm, in Pomerania, reports the case of a farmer who had been subject to quinsy from childhood, and who consulted him in regard to the state of his left tonsil. He found the gland as hard as a pigeon's egg, uneven, knotty, and highly vascular, but not painful or tender. After an interval of some months an abscess formed in the part, which, on bursting, gave exit to a stone of the size of a hazel-nut, and with the form of a mulberry calculus. The patient healed without permanent induration.

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*English Physicians in France.*—The affair of the English physicians in Boulogne has terminated in the condemnation of Drs. Carter, Scott, Allatt, and Galbraith, to the payment of a trifling fine, which, however, is equivalent to an interdiction from practising medicine in France. The decision has naturally been very unsatisfactory to the English residents in Boulogne, who have forwarded a petition to the king of the French on the subject; but their application will, probably, be of no avail, for we have been informed that, at a recent meeting of the senate of the University of France, not less than ten demands from foreign physicians for permission to practise, have met with a decided refusal. A leading French medical journal suggests, that physicians furnished with diplomas from any

<sup>1</sup> Die Krankheiten des Fœtus, von Dr. J. Grätzer, ausübender Geburtshulfer. 8vo, s. 272. Breslau, 1837.

<sup>2</sup> De morbis fœtus in utero materno. Dissert. inaug. pres. Fr. Hoffmann, Philip Düttel. Hal. 1702.

<sup>3</sup> De Morbis Embryonum, Giess, 1704.

<sup>4</sup> Embryologia historico-medica, Dresd. 1752.

<sup>5</sup> Diss. de morbis recent. natorum chirurgicis, Lips. 1773.

<sup>6</sup> De notabilibus quibusdam, quæ fœtui in utero contingere possunt, Hal. 1777.

<sup>7</sup> Tractatus de morbis fœtus humani, Lugd. Bat. 1784.

<sup>8</sup> Dissert. sistens morbos hominum a prima conformatione usque ad partum, Gruner, Jen. 1792.

<sup>9</sup> Prolegomena in embryonis humani pathologiam Dis. inaug. Lips. 1815.

<sup>10</sup> Dissertatio de morbis fœtus humani. Erlang. 1820.

<sup>11</sup> Einiges zur Beleuchtung der Krankheiten der menschlichen Frucht. Erlang. 1824.

<sup>12</sup> Journal der praktish. Heilkunde, Jan. 1827.

<sup>13</sup> De morbis fœtus humani. Tubing. 1828.

<sup>14</sup> Traité des maladies des enfans nouveaux-nés et à la mamelle. Paris, 1822.

<sup>15</sup> De morbis fœtus humani, Lips. 1829.

<sup>16</sup> De morbis fœtus. Bonn. 1832.

<sup>17</sup> Berliner Zeitung, June 7, 1837.

university or chartered body, should be immediately admitted to the final examination (at a reduced fee) before the Faculty of Medicine of Paris. This appears to be the only feasible way of compromising the matter.<sup>1</sup>

*Statistics of the Deaf and Dumb, Blind and Insane, in Lower Canada.*—(As ascertained by the government census of 1821; communicated by John McCord, Esq., of Montreal, to Dr. T. R. Beck, of Albany.)

	Population.	Deaf and Dumb.	Blind.	Insane.
District of Montreal,	290,050	254	195	462
Quebec,	151,985	114	105	354
Three Rivers,	56,570	33	34	108
Gaspé	13,312	7	0	0
Total,	511,917	408	334	924
Proportion of Deaf and Dumb,		1 in every	1254	
Blind,		1	1532	
Insane,		1.	554	

*Cure of Paralysis of the Tongue, and of Dysphagia, by Galvanism, by Dr. Rebsamen.*—The following case is contained in the Bulletin of the Medico-Chirurgical Society of Zurich.<sup>2</sup> An old man, seventy years old, after having slight attacks of apoplexy at different intervals, and labouring for a length of time under hydrothorax, was suddenly deprived of his voice, speech, taste, and of the function of deglutition. The intellectual faculties and the other organs were unaffected. The only means employed was the application of the positive pole of a galvanic battery to the end of the tongue, and the negative pole at the part in which nerves of taste and deglutition are situated. In a short time the paralysed functions were restored.

*Uterine Hemorrhage cured by compressing the Aorta.*<sup>3</sup>—Dr. Rolle, of Treptow, reports an instance in which he arrested uterine hemorrhage, threatening instant death, by compression of the aorta with the hand. The discharge was instantly checked. The pressure was continued but thirty seconds, and then slowly relaxed. The bleeding did not return.

*Case of Aphonia, cured by an attack of Measles.*<sup>4</sup>—Dr. Meyer, of Creutzburg, reports the following case:—A healthy strong child, of nine years, was attacked in the spring of 1828 with scarlet fever. At the commencement of the stage of desquamation, she was exposed to a draft of air, and suddenly lost her voice. She was now only able to express her meaning by signs or writing, but not to utter the slightest sound. Sudatories, internal and external, frictions to the larynx and spine, stimulants to the tongue, and electricity, were all tried in vain. At length the constant and earnest efforts of the patient succeeded so far that she was enabled to utter sound, but still without any articulation. No farther improvement occurred until eighteen months afterward, when an eruption of measles showed itself, under the influence of which the voice returned perfectly.

*Medical College of Georgia.*—At the annual meeting of the trustees of this institution, (April, 1838,) several important changes were made in the course of instruction. Dr. Cunningham, believing that the interest of the school would be advanced by diminishing the number of professors, tendered

<sup>1</sup> La Lancette Française, No. 33, 1838, and London Lancet, March 31, 1838.

<sup>2</sup> Schweizerische Zeitschrift für natur- und Heilkunde, and Encyclopedie des Sciences Médicales, Janvier, 1838.

<sup>3</sup> Casper's Wochenschrift, u. s. w.

<sup>4</sup> Berlin. Zeitung.



his resignation of the Chair of Theory and Practice of Medicine. was accepted, and Dr. Ford, the late Professor of the Institutes of Medicine and Medical Jurisprudence, was appointed Professor of the Institutes and Practice of Medicine. There was also an exchange of the Professors of Anatomy, and of Physiology and Pathological Anatomy, by Drs. Ford and Newton, the latter of whom has, in addition to the Professorship of Anatomy, assumed the Demonstratorship.

The course of lectures has likewise been reduced to the usual adopted in other American schools of medicine.

We were satisfied that this would be the result of their novel experiment. No extensive change in the number of professors, or in the length of session, can be advantageously made by any single college. Such a change is utopian. The following are the present professors:—

G. M. Newton, M. D., Professor of Anatomy; Charles Davis, M. D., Professor of Chemistry and Pharmacy; Joseph A. Eve, M. D., Professor of Therapeutics and Materia Medica; L. A. Dugas, M. D., Professor of Physiology and Pathological Anatomy; M. Antony, M. D., Professor of Obstetrics and Diseases of Women and Infants; L. D. Ford, M. D., Professor of the Institutes and Practice of Medicine; Paul F. Eve, M. D., Professor of the Principles and Practice of Surgery.

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*Albany Medical College.*—At a meeting of the Trustees of the Albany Medical College, held on the 16th inst., the following gentlemen were appointed professors, viz:—

Of Surgery—Alden March, M. D.; of Chemistry and Natural History—Prof. E. Emmons; of Anatomy and Physiology—Jas. H. Ormsby, M. D.; of Obstetrics and Diseases of Women and Children—Henry Green, M. D.; of Materia Medica and Pharmacy—D. McLachlan, M. D.; of Medical Jurisprudence—Amos Dean, Esq.

The department of Theory and Practice of Medicine remains to be appointed.

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*Geneva College, New York.* *Dr. David Rogers.*—This gentleman has been appointed to the Chair of Surgery in Geneva College.

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*University of the city of New York.*—Dr. Washington has been appointed to the Chair of Clinical Medicine; Dr. Paine to the Chair of Theory and Practice; and Dr. Lee to the Chair of Materia Medica, in this nascent institution. The incumbents of the chairs are all, we believe, residents of New York.

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*Prize Question for 1838, by the Medical Society of the state of New York.*—The Diseases of the Spinal Column—their diagnosis, history, and mode of treatment.

The sum of one hundred dollars is offered for the best dissertation on the above subject, to be forwarded to the Secretary of the Medical Society of the State of New York on or before the 1st of January, 1839.

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*Medical Examiner.*—We are pleased to observe a commendatory notice of this journal, which amply fulfils all our anticipations, in a late issue of a respectable British periodical;<sup>1</sup> the editors of which express themselves as having been “much pleased and instructed” by the contents of the “excellent weekly paper.”

<sup>1</sup> The Dublin Journal of Medical Sciences, for May, 1838, p. 349.

*Carroll White Sulphur Springs.*—This is the name of a spring in Allegany County, Maryland, for the improvement of which a charter was obtained at the last session of the legislature of Maryland. A copy of this charter has been sent to us, with a scientific report upon the situation, properties, composition, &c., of the waters, by Prof. Fisher, of the University of Maryland, and Mr. Geo. W. Andrews, *pharmacien*, of Baltimore—two gentlemen in all respects competent to the investigation. The temperature of the chief spring was 47° or 48° of Fahrenheit; the *gaseous contents* were,—sulphuretted hydrogen and carbonic acid; and the *solid contents* sulphate of magnesia, muriate of soda, sulphate of lime, muriate of lime, and carbonate of lime.

We doubt not that these springs possess essentially the properties of the White Sulphur Springs of Virginia; the locality, too, is pleasant and salubrious. The distance from Baltimore is about twenty-nine miles.

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*Case of Cesarean Section performed a second time on the same Woman successfully, by Prof. Gibson.*—The last number of the American Journal of the Medical Sciences<sup>1</sup> contains the details of this case, well told, by Dr. George Fox, the attending physician. Both mother and child were saved. The circumstances connected with this case, so far as they go, are corroborative of the idea, that if, in appropriate cases, this operation be determined upon sufficiently early, it may not be attended with the terrific mortality which has followed its adoption where the powers of the system have been permitted to be almost expended before it has been thought of, or, if thought of, carried into execution.

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*Poisoning.*—At a late meeting of the Anatomical Society of Paris, M. Prestat exhibited the digestive canal of a man who died in consequence of having swallowed half an ounce of concentrated sulphuric acid. The tongue and pharynx were free from alteration. The whole mucous membrane of the œsophagus was black, and detached from the muscular coat. Several large eschars existed in the stomach, and a few smaller ones were detected near the commencement of the intestinal canal. The man had lived eight days.<sup>2</sup>

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## NECROLOGY.

*Mr. Thomas Blizard.*—This gentleman, who was at one time in extensive surgical practice in London, died recently at Brighton, whither he had repaired on account of his health, which had been for some time in a declining state. It is now many years since Mr. Blizard retired from the practice of his profession, having been so fortunate as to acquire a fortune from his professional exertions at an early period of life. "Notwithstanding, however, the time which has thus elapsed since he was engaged in the busy scene, his name continued familiar to the present race of practitioners, and never was mentioned without respect. Mr. Blizard having obtained for

<sup>1</sup> For May, 1838, p. 13.

<sup>2</sup> *Lancet*, March 3, 1831, p. 840.

himself, and we believe most deservedly, the general esteem of his brethren as an accomplished surgeon and high-minded gentleman."<sup>1</sup>

*Drs. Fergus, C. Johnstone, and John Home.*—Several medical men recently fallen victims to the fever which has for some time been prevalent in London. The character of the epidemic seems very analogous to that which it has presented in Ireland and Scotland, in both of which countries a considerable number of our professional brethren have died of it.

On the present occasion we have to announce the premature decease of Dr. Fergus, Professor of Medical Jurisprudence in King's College, who took place on the 3d instant. This gentleman was only in his twenty-eighth year, and is deeply regretted by those who knew him. He had laboured during but one season, but had, nevertheless, earned for himself a high reputation among his colleagues and pupils.

Another young physician, who died of the same disease last week, was C. J. Johnstone, Physician to the Foundling, Fellow of Caius College, Cambridge; in whom also the profession has lost a promising and respected member.

In Edinburgh, Dr. John Home, son of the Professor of Physic, has been added to the list of those to whom this fever has proved fatal: he is said to be as young a man of great promise, and is said to have caught the disease in the discharge of his duties at the Fever Hospital, to which he was a physician.<sup>2</sup>

## BOOKS RECEIVED.

*An Address to the Graduates of the Medical College of Georgia, delivered April 2, 1838.* By the Rev. Elijah Sinclair, one of the Board of Trustees. Published by order of the Board of Trustees. 8vo, pp. 11. Augusta, 1838.

*From Messrs. Thomas, Cowperthwaite, & Co., the Publishers.*—*On the Nature and Treatment of Diseases of the Ear.* By William Kramer. Second edition of the author's treatise on chronic deafness, much improved and enlarged. Translated from the German, with the latest improvements by the author since the last London [German] edition. By James F. Bennett, M. D., Member of the Royal College of Physicians of London. &c. &c. 8vo, pp. 250. Philadelphia, 1838.

*Report of the Pennsylvania Hospital for the year ending 4th month 1838.*

*From the Author.*—*Boston Medical and Surgical Journal* for May 1838, containing Cases of Laceration of the Iris (with a coloured plate). By Edward J. Davenport, M. D., Boston.

*From the Author.*—*An Address delivered before the Medical Society of Tennessee, at its eighth annual meeting at Nashville, on the 7th of April, 1838.* By Lunsford P. Yandell, M. D. Published at the request of the Society. 8vo, pp. 23. Louisville, Ky., 1838.

*Charter of the Carroll White Sulphur Spring Company, in Allegany county, Maryland, with a scientific report upon the situation, proper composition, &c., of the springs.* 8vo, pp. 20. Baltimore, 1838.

*Guy's Hospital Reports, No. VI., April, 1838.* Edited by Geo. Henry Low and James P. Babington. 8vo, pp. 287. (With ten plates.)

<sup>1</sup> London Medical Gazette, for May 5, 1838, p. 249.

<sup>2</sup> Ibid, April 7, 1838, p. 80.

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## ART. I.—PHYSIOLOGY OF VISION.

In the number of the Medical Gazette of London, for May, there is a paper entitled "Contributions to the Physiology of Vision, by D. Griffin, M. D., of Limerick," of which a very brief notice may interest our readers.

The author first explains the beautiful and plausible theory of visible direction given by Sir David Brewster, in which the ray is supposed to be always referred to the direction in which its *mechanical* impression would be made; that is, perpendicular to the retina at the point on which it impinges. Dr. Griffin, using the best established data as to the forms, dimensions, and refracting powers of the different parts of the eye traversed by the light, has traced the course of the rays coming with different degrees of obliquity, and thinks he has demonstrated that a ray entering the eye at an angle of  $67\frac{1}{2}^{\circ}$  with the optic axis would strike the retina  $90^{\circ}$  from the point at which that axis meets it; so as to make the object appear  $90^{\circ}$  from the axis instead of  $67\frac{1}{2}$ , and so as to make all objects more than  $67\frac{1}{2}^{\circ}$  from the axis appear behind the head. The same difficulty was presented and fully explained in the first edition of Dr. Duglison's Physiology; and, if there be no mistake in the data and process of reasoning, the conclusion is certainly fatal to Brewster's theory.

In considering this subject Dr. Griffin makes a very just remark, which does not seem to be sufficiently appreciated by those authors who have treated of the eye. It is that nearly all the refraction of the ray takes place on passing from the air into the cornea and aqueous humour. So little difference is there in the refracting powers of the humours *within* the eye, that they can cause but little deviation in the course of the rays passing through them, and their most important functions are probably to correct the aberration of sphericity, and to produce achromatism.

Dr. Griffin calls our attention to a curious and well-known fact as to the intolerance of the eye to strong light, which he states as follows:—

"If we look at a bright sunny road in the height of summer, or at one of those white fleecy clouds called cumuli, the light is so intense, that, besides the pupils being contracted to the utmost, we are obliged to cover a considerable portion of them by half closing the lids. In these circumstances the sensation of intolerance is felt in the eye, and may be thought to have its seat in the retina. If, however, we close one eye entirely, we shall find that the other may be then freely opened without uneasiness, which shows that the real seat of the sensation must be some part of the sensorium itself, and not the retina, which is actually then receiving more light than before. We have here, therefore, a highly intellectual sense—intellectual as regards its anatomical connection with portions of the brain devoted to the process of thought, and intellectual as regards the mental processes which many of its perceptions imply; exhibiting, at least as far as concerns its common sensibility to light, the same law which has been found to prevail in other parts of the nervous system—namely, that when a certain state is induced

at the centre of the nervous mass, the resulting sensation is referred to its extremity. This curious fact may, perhaps, be of some importance in the management of those annoying and intractable forms of ophthalmia, in which intolerance of light is so prominent a symptom."

Dr. Griffin next presents a series of experiments undertaken for the purpose of determining the situation and size of the *punctum cecum* of the retina. The mode of preparing the experiments is described as follows:—"The back of the head being placed in contact with one wall of the apartment, the distance was measured, as near as possible, from the centre of the eye to the opposite wall. A candle was so placed as to make its image appear in the centre of a convex mirror hung there, which gave the flame of the candle a small and star-like appearance, better adapted to the experiment. The right eye being then fixed first on the image, was directed to the left of it, and at the last point, where I was certain I could see it, a wafer was placed on the wall. Moving the eye still to the left, a wafer was placed again on the wall, at the first point, where I was certain I could not see it; going on still to the left, a wafer was placed at the last point, where I was certain I could not see it, and again at the first, where I was certain I could. Drawing a line now from half the distance between the inner wafers to half the distance between the outer, it is evident that this line might be taken to represent the angular breadth of the insensible spot; and, accordingly, when the right eye was directed to the middle point of this line, the image of the candle was perfectly invisible, from its then falling on the centre of the blind spot. Moving the eye upwards and downwards from the middle of this line, the vertical diameter of the spot was obtained in the same manner. The length of these diameters being measured, as well as the distance from the centre of the mirror to the point where they crossed, the lengths thus obtained were divided by the distance of the centre of the eye, which gave the tangents of the angle subtended by the blind spot, and of its angular distance from the visual axis." The mean of the recorded experiments gives the distance of the spot from the visual axis  $15^{\circ} 34'$ , and the height of the centre of the spot above the visual axis  $1^{\circ} 22'$ .

As to the diameter of the blind spot, the results were found to be materially affected by the circumstances of the experiment. Thus "some of the experiments were made as above described; some by placing a circular paper, seven or eight inches in diameter, on a light-coloured wall, and standing just so near it that the whole would be completely but barely hidden, when the axis of the eye was turned in a proper direction; others, again, were performed by shading the flame of a candle with a cylinder of dark paper, in which a small hole was cut for its light to appear; the experiment, in other respects, being proceeded with as at first described. Lastly, they were done in Dr. Young's manner, with two unshaded candles." The results for the two eyes differed a little; for the right eye they were as follows:—

With paper on light-coloured wall the diameter of the spot was  $7^{\circ} 31'$ .

With image in mirror,  $7^{\circ} 5'$ .

With luminous point through the cylinder,  $6^{\circ} 12'$ .

With unshaded candles,  $3^{\circ} 15'$ .

From these experiments it appears that the diameter of the spot is diminished as the strength of the light increases; and Dr. Griffin remarks that "this circumstance seems to indicate at once the cause of the blindness, which appears to owe its origin not as Mayo and others suppose, to the presence of the artery in the centre of this spot, but to the thickness of the nervous matter at this part; the optic nerve not having yet spread out into those thin filaments which are exhibited in the structure of the other parts of the retina. This conclusion best explains the facts; for we see, that at some distance from the centre of the optic nerve, its sensibility seems dull to moderate lights, and it is only capable of being roused by very strong lights at the centre itself. Indeed, I found the centre perfectly insensible

to the image of the mirror, when it was brought directly opposite it. The optic nerves, in this respect, resemble other nerves in the body which are not fit for their functions until they have been distributed in thin and fine filaments." P.

## ART. II.—CASES OF SLOWNESS OF THE PULSE.<sup>1</sup>

BY HERBERT MAYO, F. R. S.,<sup>2</sup>

Senior Surgeon of the Middlesex Hospital.

In the hope that the narration will not be unacceptable to the scientific body to which I have the honour to present it, I have drawn up the following account of several cases of unusual slowness of the pulse.

I have not included among them instances of failure of the pulse occurring towards the approach of death, when, under complicated disease, or the operation of some strongly prostrative force, the heart's action flags, the organs of animal life continuing in more or less undisturbed possession of their functions.

It is thus that in Asiatic cholera consciousness persists some hours after the arterial pulse has been extinguished: and that, in many other cases of mortal disease, the powers of the mind remain for days and weeks, the heart beating at half, or a third only, of its normal frequency. The most remarkable instance of this kind on record, is given in the 17th vol. of Duncan's Med. Comm.—“A person at the age of 54 was one day suddenly taken with a transient fit, in which he lost his senses; this was followed by three other similar fits, after which he lived between two and three days.” The following is the account of his condition the day before his decease:—“He had been very faint almost the whole night, and had been attacked with frequent fits, attended with convulsions, and every thing he attempted to take seemed to have the effect of inducing a fit. He now felt, at their commencement, a violent pain which darted through his head, but when free from the fit, he was perfectly recollected and distinct. When I numbered his pulse,” continues Dr. Spers, “I found that it beat only 10 strokes in the minute, though it still continued equally strong and regular as before. I ordered him to take a glassful of whisky, after which he remained for an hour pretty quiet and easy, and his pulse rose again to 24 strokes in a minute. But at three in the afternoon, I found that his pulse was only 9 in the minute, and it was neither so strong nor so regular as before. He was now in great distress from constant sickness and faintness, but perfectly sensible and collected. At seven in the evening, I found his pulse still 9 in the minute, but much weaker. He continued sensible but was unable to speak. He was not, however, affected with any more returns of convulsions, but was observed not to move his right hand or left leg afterwards. He expired at nine the following morning.”

“Upon examining the head, two ounces of a watery fluid were found in the ventricles of the brain, and a gelatinous appearance was observable on some parts of the pia mater.”

Passing by the consideration of instances of the foregoing class, I propose in this communication to exemplify two kinds of slowness of the pulse, which are compatible either with ordinary length of days, or, at all events, with the continuance of life for an indefinite period. The instances which I shall narrate, with two exceptions, either have been witnessed by myself, or have been given to me by medical practitioners who witnessed them. They are of two kinds. In one, the rate of the pulse is known to have been

<sup>1</sup> London Medical Gazette, May 5, 1838, p. 232.

<sup>2</sup> Read before the Royal College of Physicians, April 2d.

always the same, or was not known at any former period of life to have been different. In the second, the pulse has been originally of the average frequency, and has dropped to a slower rate through the influence of causes that, for the most part, were determinable.

I. The first case which I shall narrate exhibits a remarkable slowness of the pulse, which, it may be presumed, has existed (with allowance for years) from birth, as a constitutional peculiarity. Mr. Lennard, of Craven street, who had attended the patient, introduced me to him, and gave me the opportunity of verifying the following particulars, which the subject of them gave me permission to communicate:—

Mr. T. H. is 35 years of age, 5 feet 6 inches in height, thin, and of a slender frame, his complexion delicate, with a colour. About fourteen years ago he became aware that his pulse was slower than that of other persons: he was in perfect health. Four years ago Mr. Lennard first counted his pulse; he found it to be about 40. On the 16th of March, in the present year, on counting it twice, after he had walked to Mr. Lennard's to meet me, I found the pulse 38½. It is regular, full, and strong. The action of the heart, as heard by the stethoscope, is perfectly healthy. Mr. Lennard attended this gentleman on one occasion for headache, with great depression of spirits; the pulse during this indisposition rose to 52. Mr. H. is now in perfect health; has a good appetite and good digestion; sleeps soundly, and equally well on either side, but by preference on his back; he sleeps from six to eight hours; he takes considerable exercise, and supposes himself to be as capable of bodily exertion as other persons of the same slight frame as his own. His father and mother died of consumption, the former at the age of 40, the latter about the age of 35.

II. The next case which I shall narrate was communicated to me by Mr. Hewlett, of Harrow. It is that of a clergyman, who died at the age of 32, after a few days' illness, of obstruction of the bowels caused by narrowing of the colon. "Till this fatal illness, the Rev. Mr. B. had enjoyed excellent health; he was exceedingly active in mind and body; few people excelled him in conversational talents; and he would run, and frequently did, and skip about like a schoolboy. I have known him," continues Mr. Hewlett, "I have known him in the playfulness of his temper, declare he could *jump* further than I could, nor did our hills embarrass his breathing in the slightest degree." He frequently, however, like most other excitable persons, had fits of languor and depression. His pulse was regular at 36; his only bodily ailment was a disposition to torpor of the bowels and dyspepsia. Aloetic aperients, with bark and ammonia, resorted to on such occasions, would greatly benefit him, and his pulse would sometimes rise to 42 or 44 when he was pursuing such a course of medicine. He had experienced one attack of fever, when the pulse at the onset was so high and forcible as to lead Mr. Hewlett to bleed him.

When the body was examined, commencing ossification of the aortic valves was found.

III. The particulars of the third case which I shall mention were given to me by Mr. Arnott, in the words in which he had received them from the medical attendant of the party.

"About ten years ago, he, being then 67, first marked the slowness of his pulse, since which time it has never been above 36 strokes in a minute. In general it beats 28 or 29; when I last saw him," says Mr. Arnott's correspondent, "a few days ago, it beat 29. When it beats 36 he feels very unwell, having thirst, and other symptoms of fever. He has remarked his pulse as low as 25. He has had no complaint since it became low, except that about six years ago he had jaundice. I did not see him at that time; he consulted Dr. Abercrombie, who was much struck with the slowness of pulse, but he does not remember whether during the course of the disease his pulse varied much. It never intermits, or becomes irregular. His intellect is clear; and he enjoys very good health for his age. As a landed

proprietor, he is accustomed to superintend his farming operations, and rides occasionally eight miles to market."

The next case was communicated to me by Mr. Jones, of the Strand, in the following statement:—

IV. "Mr. ——— has been known to my father for forty years; but until five years ago he had such excellent health as to require no medical attendance. At that time I was sent for by him, and found him suffering with oppression of the chest, swelled legs, and a sensation of fluttering in the head. He told me that he had for many years believed that he was of too full a habit, and had therefore restricted his diet to a very small allowance, never touching either beer, wine, or spirits. His age was 70. His pulse very regular at 38 to 40, never intermittent. His symptoms were relieved by antispasmodics, opiates, and aperients; and afterwards being put upon a generous diet, in about four months he got perfectly well. As his strength returned, his pulse got down to 28, and was very regular. He remained well for two years, when the sudden death of one of his servants so affected him, that he suddenly lost the recollection of the names of persons, places, and things (for instance, he would call a house an apple); still he retained his reason perfectly, and well knew what others were talking of, and would discover in a moment if they spoke incorrectly, and would recollect the names of things when set right by a friend, though in two minutes he would forget them again. In this latter respect he has gradually got better, and can now converse freely upon any subject, though he finds it very difficult to write correctly. But his former symptoms have never returned. A few weeks since he had a severe cold, disordered bowels, cough, and slight fever; and on one day his pulse was as high as 55; but as he recovered, it gradually subsided to the original standard of 28, where it now remains."

In the cases which have been narrated, the rate of the heart's action appears either to have been originally, or at some unobserved period to have become, permanently different from the average rate. In these cases there is a strict analogy to those in which the circulation of the blood is normal. Acceleration of the pulse in both is a sign of disordered health; although, in the cases which have been recently considered, the acceleration has been an approach to the average frequency of health. A like phenomenon is observed in cases in which the action of the heart is naturally irregular. In these, of which I have witnessed one instance, the heart's action only becomes regular when some febrile disturbance is present.

In the second class of cases which I propose to exemplify, the acceleration of the pulse is, on the contrary, always attended with improvement of the health and bodily feelings. It differs again, as it has been premised, essentially from the preceding kind of acceleration, in that it may be traced to the operation of more or less obvious causes, which have interfered to depress the circulation. The surprising part of such cases is, the degree and permanency of the depression of the circulation, without material impairment of the general well-being of the patient; yet even this is rendered less surprising through the consideration of the classes of cases before adverted to.

The cases which fall under the present head result from either of several causes:—the heart beats slowly either in consequence of disease or lesion of the brain—or of general depression, exhaustion, and reduction of strength—or from sympathy with the digestive organs, or from ossification of the coronary vessels, and atrophy, with or without passive dilatation.

I shall not offer examples of the first kind, of lowered frequency of the pulse attributable to cerebral lesion or disease. In its two varieties, when the effects of the lesion wear off, and the pulse resumes its former rate, or when those effects are aggravated, and death ensues, this pathological phenomenon is necessarily familiar to the present audience; to whom, in the latter alternative, it was strikingly presented by Sir Henry Hallford in his account of the last illness of the late Earl of Liverpool. But I shall pro-



ceded to narrate, without any further comment, (*as the physiologic practical deductions from them are obvious,*) instances, which, when exemplify the force of the influences to which I have attributed the same time present other features that may not be uninteresting.

V. The first case, which I shall bring forward, is that of a young man mentioned by Mr. John Scott, who, when under the care of Mr. Penn for neuralgia of the face and throat, was recommended by Mr. Penn to abstain entirely from taking food by the mouth. Nutritive enemata administered twice or thrice a day, composed of beef-tea, with an egg solved in it, for which veal, broth, and milk, were afterwards occasionally substituted. At this time the secretions were much disordered; there had been no appearance of the catamenia for nine months; the pulse was frequent, quick, and irregular. After pursuing the plan just named for several days, very considerable excitement was produced, attended with a high degree of fever, quick pulse, and flushed cheeks, &c.; but it shortly subsided, the pulse becoming less frequent, and the fever disappearing. At the end of a fortnight, bilious secretions were observed, and in a month the catamenia reappeared; the pulse was between 70 and 80, and not diminished in strength. *After the lapse of five weeks and three days without nourishment being introduced by the mouth, the pulse suddenly sank in a minute,* and it was then deemed advisable to give by the mouth a dessert-spoonful of beef-tea twice a day; and this being continued for several days without inducing any return of the spasms, a small piece of fish was then allowed, and then some chicken; and, proceeding thus cautiously, the course of a month she was able to eat and drink any thing without the slightest inconvenience.

VI. The next case which I have to mention, exemplifying the same principle, is that of a surgeon with whom I have the pleasure of being acquainted; but the narration of whose case I communicate in his own words, as sent by him to Dr. Hope, and by Dr. Hope conveyed to me. "My dear sir,—In reply to your note relative to the pulse affair which occurred many years ago, while I was a pupil of Mr. Abernethy.

"I had sat up six successive nights with a lady, whose life was very valuable, and who required constant watching, without sleep in the last seven days. The seventh night I had the leisure, but not the power, to sleep, or at least not the inclination. This was followed by an attack of fever, which lasted some ten days, and for which I was treated by Dr. A., doubtless successfully. Mr. Abernethy saw me daily. At my urgent request, he ordered for me—calomel gr. iv., jalapæ gr. v. 3*itis horis*, to purge me, and remove any fancied, some obstacle to my more rapid recovery. The physic acted well, and almost liquified my solids. My pulse fell, as I have told you. The doctors were, as I believe, really alarmed, but I was not. My pulse remained as low as *about* 30, I think for a day or two; it then rose to 40, and remained there for many days. Notwithstanding nourishing food was given, constipation, judiciously ordered by Dr. Ashburner, many years ago, before it rose to 70."

VII. The next two cases involve more complicated elements. A man, aged 52, of a full habit, easily excited, accustomed to live free from restraint, to take much exercise, having had one or two transient giddinesses or sensations as of *losing* himself, after a day's shooting on the 1st of October 1835, on going down into his cellar had a stronger and more threatening return of the sensations; but he recovered himself without falling. Dr. Ferguson, whom he consulted, prescribed reduction of diet and a small quantity of medicine. The same sensations, however, returned. His diet was still further lowered; and in the course of a year he lost, by this means, nearly a stone in weight. He now had a long interval of improved health. But towards the close of the next summer, the lowering plan continued, the occasional faintnesses reappeared. His pulse had become very weak; but it was between 70 and 80 in frequency. He was now so

Dr. Watson and myself in consultation with Dr. Ferguson, and it was agreed that a more liberal diet, with two glasses of wine at dinner, should be allowed him. He improved considerably upon this change being adopted; when, being in the country, he had an attack of sore throat, with great debility, for which the surgeon who attended him found it necessary to increase his allowance of wine. He returned to town, took less wine again, and was again engaged in very harassing business; at this time his pulse was first observed to sink. On the 1st of December, 1836, his pulse was 39; he was again seen in consultation, by Dr. Watson and myself, with Dr. Ferguson. On listening to his heart nothing now was heard but a blowing sound at the time of the systole of the ventricle; no second sound was perceptible. But he had no symptoms of deranged circulation, except some shortness of breathing after walking up hill, or going hastily up stairs. It was agreed to increase the quantity of nutriment and stimulus which had been allowed him. He still, however, continued involved in very anxious mercantile business; his pulse gradually dropped to 34 and 30. On the 23d of January, having taken a saline aperient draught, prescribed by a lawyer, he fell, when at the water-closet, in an apoplectic fit. I saw him in this state with Dr. Ferguson; his pulse was weak, and had fallen to 27: as soon as he could swallow, hot brandy and water was given to him; his pulse rose two or three beats, and he gradually rallied. Towards evening he had completely recovered his faculties. He was considered now in very imminent danger, coupling together the presumed valvular disease of the heart, the epileptic seizure, and the slowness of the pulse. But from that time, (with some considerable interruptions, when he has temporarily fallen back,) he may be said to have exhibited a slow but progressive amendment in health, notwithstanding much occupation in business, which circumstances have rendered unavoidable. The plan of regimen since followed has been the use of moderate but nutritious diet, with a pint of wine daily. He has had no return of epilepsy; but when he has been threatened, which has once or twice happened, with giddiness, a dose of brandy and hot water has restored his circulation and strength. During the cold spring of 1837, his pulse, while his general self-feeling was improving, fell in frequency to 28, 26, 24: on one day, on which he had imprudently exposed himself to a chill, I found that his pulse had fallen to 21; but he was not aware, from any inward sensation, that it had sunk so low, and he walked and talked as usual, and as if in perfect health. His pulse for the last three months has been from 29 to 32. The only additional circumstances to be mentioned are, that the blowing sound at the ventricular systole remains as before, *neither increased nor diminished*, but the second sound is now, and early indeed became, distinct and clear; and that there was a short interval before the revival of the second sound, when two imperfect actions of the ventricle could be heard between the stronger ones, which alone were attended with a pulse at the wrist.

The next case which I propose to mention, is that of a medical gentleman, who has now attained the age of 62, and, in a long career of successful practice, has become known to many of those who are now present.

VIII. Up to the age of 59 he had enjoyed, *with two interruptions*, good health. He had great activity of mind and body, well fitted for the latter by a light and spare frame; his height is five feet nine; and his complexion is still ruddy and healthy. The only ailments he had been subject to were pains in the bowels, which he attributed to flatulence; his pulse was regular, and 72. His two illnesses had been, one, severe headaches, which supervened upon domestic distress: the second was the influenza, in the spring of 1834; for which, as it was attended with fever and much pain in the head, he insisted on being bled; he was bled at once to twenty-five ounces, and he afterwards lost twenty-five to thirty ounces more. This injudicious self-management was followed by temporary extreme weakness of body and of mind, and such impairment of vision, that he was nearly blind. In a

few weeks, however, he appeared to have completely recovered, and continued quite well for more than a year. One night in September, 1833, he went to bed in perfect health, and slept well; when, having risen, on going to his dressing-table, he had a sensation in the chest as if some one had turned over. On feeling his pulse, he found it beat 30 or 32 only. He tried stimulants and other remedies with no effect; when, on the third evening, he became sick, vomited, and threw a considerable quantity off his stomach. His pulse again rose to 36, and he felt better. On the fourth evening, when his uneasy sensations *at once went off*, and his pulse reverted to its healthy frequency. He remained after this perfectly well till April 1834, when, *again, on rising in the morning*, uneasiness of the chest, and a sudden slowness of the pulse, supervened. This remained between three and four weeks in the same state, and was totally unrelieved and unaffected by every plan that he tried. On a sudden, in the afternoon, he felt that he was well, and the pulse beat 68. He continued well till April of 1837, when he was again attacked; but this time in the evening, and after fasting. Since then the pulse has never returned to its proper frequency. When he felt it a few days ago, it was 33. It has been as low as 22.

The most remarkable feature in this case is one already mentioned, *suddenness of the invasion, and of the disparition of the symptoms on various occasions*. But there are others of great singularity. Sometimes the pulse has neither been heard nor felt; and on one occasion its beating was scarcely discernible, and alone discernible, on the right side. Again, the uneasiness of the chest is a sense of general constriction across the front of the chest, but it is unattended with any sensations in the scapulæ, or in the left arm, while pain is felt in the insertion of the right deltoid, or rather in the middle of the long tendon of the biceps; and that pain may be brought on by either raising or carrying backwards the right arm. The lungs are perfectly healthy. On two occasions the ankles have become swollen; they are so at present.

It has been mentioned that, in this case, stimulants have always failed in restoring the action of the heart. One rule alone seems capable of contributing to this patient's comfort. This is, to observe the greatest calmness and gentleness in motion; stooping, raising the right arm, and hurried motion, suddenness in rising or laying down, produce pain and constrict the chest, and pain of the right shoulder. Avoiding these, this gentleman appears in perfect health; his complexion is ruddy and healthy; his appetite and digestion are good; and to the ear his heart acts healthily without murmur or peculiarity, except that perhaps it beats over a somewhat irregular surface than is natural.

It may not be uninteresting to mention, that in the two last cases narrated, the breathing is gentle, and of the common frequency. It is the same in the case shown to me by Mr. Lennard. So the ratio which has been here observed to exist between the frequency of breathing and of the ventricular systole, contingent on other circumstances, in one extreme. So, likewise, in the other. On the 21st of March I amputated the leg of a patient above the knee for albuminous sarcoma of the fibula. The leg was becoming swollen in consequence of the tumour having been proved two days before, and intensely painful. The pulse was 140, but the breathing was gentle and not hurried. The pulse sank to 120 by the night, and has gradually dropped to 96. (I may mention that the patient has done well.)

I will conclude with the notice of a case still more extraordinary than those which have gone before, in reference to the immediate object of the present paper. The outline of this case, indeed, is very brief, and I have some points untouched, on which it would have been desirable to have given fuller information; but of its correctness no doubt will be entertained, I mention that, although given from recollection only, it was communicated to me by Sir Astley Cooper.

About twenty years ago, a person towards forty years of age was admitted as a patient of Guy's Hospital, under the care of Dr. Cholmondeley and

Stocker; there was some embarrassment in his breathing, and he was supposed to have water on the pericardium, for which he was treated. His pulse was usually 29 in a minute; but on one day that it was felt, in his visit to the hospital, it was found to be below fourteen in a minute: it beat 27 times only in two minutes. In three months this patient entirely recovered; the oppression at the chest disappeared, and the pulse returned to the natural standard.

### ART. III.—CASE OF POISONING BY THE *CICUTA MACULATA*.

BY S. A. COOK, M. D.

Buskirk's Bridge, June 14th, 1838.

The following case, though fatal in its termination, strikingly illustrates the effects, on the human system, of one of our most virulent indigenous plants. How far the remedies suspended the primary impression of the poison, is left to the judgment of the reader.

It is to be regretted that a post-mortem examination could not have been obtained, as cases of this kind, though occurring not unfrequently, are mostly confined to the country, where pathological investigation must, from causes yet beyond the control of the profession, be extremely limited.

CASE. May 8, 1838.—Moses Graham, aged about sixteen years, 11 o'clock, A. M., ate of the root of the water hemlock (*cicuta maculata*), mistaking it for the meadow parsnip (*zizia aurea*), and about an hour afterwards ate dinner, as usual; soon after which he was taken with vomiting, and in a few moments fell down in convulsions. Dr. Warner saw him about 1 o'clock, P. M.,—gave him two teaspoonfuls of tinct. opii;<sup>1</sup> bled him to the amount of ten or twelve ounces; and attempted to produce emesis with sulphas zinci without success. At 2½ o'clock, P. M., I first saw him, when he presented the following symptoms:—Countenance livid and bloated; a bloody froth pouring from the mouth and nostrils; a rhonchus more or less distinct through the greater part of the chest, peculiarly loud in the larynx, trachea, and larger bronchial tubes; skin purple, cold, and moist; pulse about 140, weak, and small; respiration hurried and deep—the muscles engaged in the performance of this function, both on the face and chest, acting spasmodically; eye lustreless and fixed; pupil uninfluenced by light; heart and carotids acting violently; epileptic convulsions every ten minutes; incapable of deglutition. After attempting in vain to get down more of the sulph. zinci, with the hope of producing emesis, we resorted to the following enema, with a view to obtain both its exciting and revulsive influence.—Brandy 3 viii. tinct. cap. am. 3 i. It immediately produced considerable uneasiness, and was followed by diminished frequency and increased strength of pulse. In half an hour sensibility was so far restored as to enable him to swallow liquids. Respiration now became sighing; and instead of lying insensible he became restless, rolled from side to side of his bed; at the same time whenever an attempt was made to change his position by the assistants, he resisted with a rigidity of muscle that appeared spasmodic.

Five o'clock, P. M., Dr. Gray arrived. He recommended to endeavour to produce emesis by tickling the fauces. It produced retching, and evacuated a small quantity of liquid from the stomach, probably the brandy which he had taken within the last two hours. He now began to resist our efforts to get stimulants down. The pulse was improving in strength, though he was almost constantly groaning.

Twelve o'clock, midnight. Symptoms generally declining. Took two

<sup>1</sup> This was given in divided doses.

ounces of ol. ricin. Continued brandy, alternating with carb. ammo sinapism that was applied to the stomach at the time of giving the was found to have vesicated.

9th. Six o'clock, A. M. Has been roused so as to recognise those him. Laxative about operating.

Ten o'clock, P. M. Improving. Pulse 94, soft and full; respiration and wheezing; bowels have moved freely during the day.

14th. Called again to M. D. Was about the house yesterday and fore. Was taken this morning with faintness or a sense of sinking. I ration deep, rattling; pulse very frequent, indistinct; countenance blo lips and hands livid. Evidently sinking rapidly. Died about 3 o'clock

The *cicuta maculata* appears to possess extremely active properties. quantity eaten in this case could not be accurately ascertained; the who was with him thinks he swallowed but what he bit off at one The identical branch of the root from which he ate was obtained. I pared, and there had exuded from its surface a thick, tenacious, oily stance of a yellowish brown colour and a pungent odour. The pl said to grow in abundance in this vicinity, chiefly on low ground streams. It is of a different genus from the *conium maculatum*, with it has been frequently confounded by therapists.<sup>1</sup>

#### ART. IV.—PHILADELPHIA HOSPITAL (BLOCKLEY).

CLINIQUE OF DR. DUNGLISON.

- 1.—*Summary of Cases treated in the Women's Lamentic Asylum, from 16th, 1833, to June 12th, 1838.* Reported by EDWIN A. ANDERSON, M. of Wilmington, N. C., Senior Resident Physician in charge of Asylum.

DISEASE.	CAUSE OF DISEASE.	No.	Cured.	Relieved.	Discharged.	Died.
Insanity (periodical)	Vicarious menstruation.*	1				
" (with epilepsy)	Epilepsy.	1		1		
" (puerperal)	{ Connected with abor- }	1				
" (partial—monomania)	{ tion and flooding. }	2			1	
" (of long standing)	Religious melancholy.	1				
" do. do.	{ Connected with ame- }	5				
" (violent and recent)	{ norrhœa. }	3		1	1	
Hypochondriasis	Unknown.	1				
Epilepsy	"	1				
Mania à potu (1st stage)	{ Connected with ame- }	4	4		4	
" (2d stage)	{ norrhœa. }	7	5		5	
" (3d stage)		13	13		13	
Suicide.	{ 3 iv. of tincture of }	1				1†
	{ opium taken twelve }					
	{ hours before entering }					
	{ the asylum. }					
Total.		41	22	3	25	1

<sup>1</sup> Eberle, vol. ii., p. 48, 2d edition. Paris, vol. iii., p. 115, 2d American edition. man, vol. ii., p. 195, 5th edition. Dunglison's General Therapeutics, p. 458.

\* The report of this case will be given in our next number.—Ed.

† One hour after admission.

REMARKS BY DR. ANDERSON.

It will be perceived by the above summary that three degrees are made in those diseases that are caused immediately by intemperance. The first includes the cases where the patient is brought into the hospital presenting no other symptoms than stupor, somnolency, and unconsciousness of surrounding objects; pulse full and bounding; tremors not observable. These symptoms often wear off after one night's rest, and the patient awakes with only a slight sense of lassitude remaining. Not unfrequently, however, they run into the second stage, where the symptoms become aggravated—the previous excitement has worn off—the pulse become small and frequent, and on extending the flexed fingers constant tremors are noticed, with quivering of the tongue when the patient is ordered to protrude it from the mouth, which is uncontrollable by the strongest efforts.

As yet we have none of the genuine symptoms of well-marked mania à potu, which consist in great restlessness; jactitation; insomnia; pupils contracted to a mere point; pulse very feeble, small, often as high as 140 and 160 in a minute; cold, clammy, and slippery sweats; constant tremors; mind confused and wandering, filled with a thousand strange and wild fancies,—at one time imagining that the walls of the room are about to fall in and crush them—at another, that wild animals, fiends, and serpents are about to devour them, that the bell is tolling the hour for their execution, or that some great drama is about to be performed, in which they bear the principal character. The mind of the patient attacked with mania à potu, unlike other cases of insanity, concentrates all things on himself, as chief personage in the scene.

I have had opportunities of observing the transition of one of these affections into the other not unfrequently;—the patient at one visit labouring under simple intoxication, or the first stage; at the next the second stage has become developed, and finally the third stage, or confirmed mania à potu. The stages may all appear distinct, or the first may run into the second and there become arrested, or from the second it may pass into the third; until recovery or death closes the scene. I have also witnessed, in numerous cases, the power of medication in preventing the first stage from running into the second; and the latter from passing into the third.

From an observation of near one hundred and twenty cases, since I have been resident physician to this hospital, it appears to me that these stages or distinctions are well marked; the two first being comparatively of easy management, whilst the third is not unfrequently fatal. Hence we can readily understand the success of those physicians, who (not admitting these distinctions) boast, that they can cure the *very worst* cases of mania à potu with rest in a dark cell and *strong coffee alone*. On the contrary, I am convinced, not by *theory* but by experience and observation, that the worst cases of mania à potu cannot, as a general rule, (to use the language of my distinguished friend and late preceptor, Professor William Tully, of Yale College,) be treated successfully *without alcohol in some shape or other*. Eight ounces of brandy has, like a charm, calmed in a moment all the distressing symptoms of mania à potu; the patient has fallen into a tranquil sleep, which he had not done for days before, and, on the following morning, has awoke apparently free from danger. In one case an ounce of brandy was administered every hour for eight successive hours, with half an ounce of the following mixture every half hour:—R. Spiritus ætheris sulphurici compositi ʒ iss.; ammoniæ carbonatis ʒ i.; pulv. sacchari albi q. s.; mucilag. gummi acaciæ q. s. ut ft. ʒ vi.; sumat cochleare magnum quæque semihorâ. Entire relief of all the symptoms succeeded. The pulse became full; warmth of the surface returned, with ability to speak and move. In a word, the stimulant and narcotic plan is the one which, with us, has proved eminently successful.

E. A. ANDERSON, M. D.

2.—*Case of Chorea.* Reported by ALEXANDER M. VEDDER, A. M., of New York, Senior Resident Physician.

David Porter, æt. 25 years, was admitted on the 14th May, 1838. native of New York; has lived in Philadelphia for the last three years; labourer; temperate, and unmarried. Has never had an attack similar to the present. Has always, indeed, enjoyed good health. In June 1837 taken with involuntary movements of lower extremities, at first some jerking; these gradually became more frequent. Was in danger of falling if he attempted to walk, and did fall frequently. After continuing months in his lower extremities, the disease attacked his arms, trunk and head. Was constantly in motion, but more some times than at others; could not sit up; had not sufficient command of his arms to direct food to his mouth, so that he had to be fed. His tongue was also subject to involuntary motion—preventing him speaking at times, or causing his sentences to be interrupted; muscles of face in constant action—drawing the mouth open and protruding his tongue, which he had bitten several times. Could always swallow well; appetite good; bowels always regular. No cephalalgia nor pain in the limbs, with the exception of soreness from constant movements. Can assign no cause for the disease. He continued in this state until his entrance into the Philadelphia Hospital.

During sleep the muscles were not quiet. At his entrance he was obliged to be fed, and to be put in and out of bed. One week afterwards he became somewhat worse, and fell out of bed. He was conscious but unable to prevent it.

On his admission he was cupped on the back of the neck and spine, and a blister was applied, and cathartics were prescribed. On the 17th of May Dr. Wendel, the resident physician in charge of the ward, prescribed the following combination:—R. Pulv. aloes, gr. iii.; pulv. assafoet. gr. ix.; zinzib. gr. vi.; ferri carb. præcip. 3i.; M. et fiat pulvis ter die sumendus. This was continued, with dry cupping occasionally to the spine, until the 9th of June. Under this treatment he improved greatly, so that he could walk and take his food, and had only occasional jerking of different parts of his body. He afterwards, however, became worse—as bad, indeed, as at any time previously.

On the 9th of June, Professor Dunglison directed the chalybeate water to be varied, and a cold *douche* to be applied every day.

The ferri sulphas, in the quantity of twelve grains, was accordingly substituted for the dram of the ferri carbonas.

The impression made upon him by the cold *douche* was so disagreeable that he refused to submit to it. The treatment was, however, made more pulsory, and under it he soon began to improve; and in one week after the application of the remedies the spasms entirely ceased.

June 21st, 1838. The patient is a large, muscular, stout man; his intelligence seems natural. Has now no convulsive motion whatever; bowels regular; appetite good; no cephalalgia. Does not walk well; seems to drag his legs somewhat, his knees bending under him at times: it is peculiar to remark, however, that he had lost his toes on both feet by frost.

Discharged June 21st, 1838.

A. M. VEDDER.

## BIBLIOGRAPHICAL NOTICES.

*Guy's Hospital Reports, for April, 1838.*<sup>1</sup>

The present number of this periodical is not less interesting than its predecessors. The contributors—several of whom are of the highest distinction—do not appear to relax in their exertions, and the various communications which require graphic illustrations are supplied in a manner that demands commendation. The papers in this number are as follows:—

1. On Spermatocoele, or Varicocele of the Spermatic Cord, by Sir A. Cooper. 2. On Paraplegia depending on the Ligaments of the Spine, by Mr. Key. 3. Researches into the Chemical Nature of Mucous and Purulent Secretions, by Golding Bird, F. L. S. 4. On the Action of Water on Lead, by A. S. Taylor. 5. On the Effect produced upon the Pulse by a Change of Posture, by W. A. Guy. 6. An Experimental Enquiry respecting the Process of Separation after Simple Fracture of Bones, by Mr. B. Cooper. 7. On Hemorrhage from the Unimpregnated Uterus, by Dr. Ashwell. 8. Summary of Cases in the Obstetric Ward, &c., by Dr. Ashwell. 9. History of a case of Dislocation of the Femur, by Sir A. Cooper. 10. Account of a very large Calculus passed by a Young Woman, without Operation, communicated by Sir A. Cooper. 11. Occurrence of White Patches on the Surface of the Heart, and on the indications they afford of Attrition and Distension, by T. W. King. 12. On Morbid Flattening or Compression of the left Bronchus, produced by Dilatation of the Left Auricle, by T. W. King. 13. Observations on Abdominal Tumours and Intumescence, illustrated by cases of Ovarian Disease, by Dr. Bright. And lastly, Analysis of Fluids contained in Ovarian Cysts, by Dr. Geo. O. Rees.

*Velpeau's Midwifery by Meigs.*<sup>2</sup>

The success which has attended the work of Velpeau—both at home and abroad—is sufficient evidence of its merits. It is, indeed, one of the most learned works on obstetrics which we possess,—not treating the subject merely as an art, but in all its physiological as well as practical bearings. We are gratified to find that it has been so highly appreciated in this country, that a second edition of the translation is demanded. The profession are greatly indebted to Dr. Meigs for the excellent version which he has afforded them of so valuable a work.

*Prof. Horner's Necrological Notice of Dr. Physick.*

We refer to this necrological notice, published in a recent number of Bell's Select Medical Library (June, 1838), for the purpose of supplying an inadvertent omission in Professor Horner's enumeration of the "local

<sup>1</sup> *Guy's Hospital Reports*, No. VI., April, 1838. Edited by Geo. H. Barlow, M. A. L. M., Trin. Col. Camb. &c. &c. 8vo, pp. 286. Ten plates. London, 1838.

<sup>2</sup> *An Elementary Treatise on Midwifery; or Principles of Tokology and Embryology.* By Alf. A. L. M. Velpeau, M. D., &c. &c. Translated from the French, with notes, by Charles D. Meigs, M. D., Member of the American Philosophical Society, Lecturer on Midwifery and the Diseases of Women and Children, &c. Second American edition. 8vo, pp. 592. Philadelphia, 1838.



testimonies" of respect paid to the memory of one whom all were desirous to honour. No mention is made of the resolutions of the Faculty of the London Medical College expressive of their sense of the loss which the profession and the community had experienced in the death of the illustrious individual;—or of the fact, that their lectures were suspended on the day of his funeral,—events which were published in the daily journals of the time, but which have escaped Prof. Horner's notice or his recollection.

### Aitkin's Physiology.<sup>1</sup>

The author's main object in producing this neat volume appears to have been,—to furnish the general reader with a summary of the most important facts and reflections, connected with the functions of the human body. We have been not a little gratified to find that he has made the "Physiology" of the editor of this periodical the basis of many of his observations,—in the latter part of the volume more especially.

As an evidence of the volume being intended for the non-professional reader, the reproductive functions have been wholly omitted.

We notice various errors, in the orthography of proper names, and especially.

*Mr. Bird on the Chemical Nature of Mucous and Purulent Secretions.* From some recent researches on this subject, by Mr. Golding Bird, F.R.S. we extract the following chemical and physiological deductions:—

If the facts advanced in the two preceding sections are proved, by competent observers, to be universally correct, we cannot but admit their importance, even if they only serve to point out the analogy between mucous and serous surfaces, as evinced in their secretions. And if, as has been shown, albumen can readily, under certain circumstances, become converted into mucus, so we no longer have any difficulty in understanding how mucous and membranous surfaces may, under certain states of irritation, pour out albumen in a free or coagulated state. Thus, if the lining membrane of the larynx and trachea—which presents, normally, a surface secreting fine mucus—be considered as pouring out the albuminous particles of the blood combined with an excess of saline matter (thus constituting mucus), we have no difficulty in understanding how the same membrane may, under incidental circumstances, pour out the albuminous particles of the blood combined with but a small proportion of saline matter, constituting that secretion to which the term "lymph" is applied—a secretion capable of taking on organisation, in which particular it physiologically and chemically differs from mucus. If this hypothesis be admitted as fairly deduced from the preceding observations, we must consider (for example) the secretion of the larynx and trachea, when in a state of health, as chemically differing from that poured out under the irritation of croupy inflammation only in the different proportions of saline ingredients present in each; consequently, we are not compelled to assume, in explanation of the

<sup>1</sup> *Elements of Physiology; being an account of the laws and principles of Animal Economy, especially in reference to the Constitution of Man.* By James Aitkin, M.D., F.R.C.S.E., Lecturer on Physiology and on Medical Jurisprudence, Member of the Medico-Chirurgical Society, Extraordinary Member of the Royal Medical Society, formerly President of the Royal Physical Society, &c. (With a motto.) Small 8vo, pp. 314. London, 1838.

Guy's Hospital Reports, No. VI., for April, 1838, p. 35.

ence of secretion, that in croup a mucous surface assumes the functions of a serous surface (*quoad* secretion).

But it may be objected to those deductions which depend upon the supposed synthesis of mucus, that, according to the experiments of Dr. Babington and myself, it must be assumed that pus is *first* formed, and then carried to the secreting surface, as a pabulum for the formation of mucus; thus making the latter a secondary product. This objection, however, can scarcely be considered as tenable; for pus has only been used, in our experiments, for the synthesis of mucus, because it presents us with particles of albumen in a state of far finer division than can be procured by artificial means. It is, moreover, sufficiently obvious, that, in the *animal economy*, pus is not really converted into mucus; for the former contains a large quantity of iron, which metal is nearly or altogether wanting in mucus. Is there (I would with great diffidence ask) any physiological difficulty in supposing that, on the surface of a serous membrane, the blood gives up a mere aqueous solution of albumen with its accompanying saline matter (serum); whereas on a mucous surface it parts with a mixture of its colourless albuminous particles (which have been long known to exist in blood) with serum; whilst at the instant of their separation, or, to use chemical language, whilst in a nascent state, both combine, with an excess of saline matter; thus constituting, according to the observations recorded in this paper, mucus, which becomes poured out on the secreting surface? On a suppurating surface, on the contrary, may we not also suppose that the blood parts with all its ingredients, excepting its colouring matter, and that portion of dissolved albumen<sup>1</sup> which possesses the property of spontaneous coagulation; thus forming pus?—These views, even if their correctness be denied in a physiological point of view, are nevertheless strictly in accordance with the chemical properties and composition of blood, serum, pus, and mucus. These remarks, however, I hazard with extreme diffidence; rather wishing to place before the scientific world an account of this experimental enquiry, than to present any crude and imperfect deductions of my own; trusting, also, that the observations recorded in this paper will attract the notice of those more fitted to the task of investigating their physiological bearings than myself.

*The Medical College of Philadelphia.*—In the reports of the Supreme Court of Pennsylvania just published,<sup>2</sup> is the case of “the Medical College of Philadelphia,” an association of physicians established, as they themselves state, “for the purpose of claiming, on behalf of the profession, that influence over the regulation of medical instruction, and the means of medical improvement which is so essential to the respectability of the profession, and to the best interests of humanity.”

The “Medical College”—having failed in their application to the legis-

<sup>1</sup> “Faserstoff aufgelöst” of Müller. To this eminent physiologist we are indebted for the demonstration of this modification of *albumen*. It appears to be chemically identical with that which in a coagulated state constitutes the colourless globules (Chylusktigelchen) of the blood, as well as the centre of the blood-corpuscles (Blutkörperchen). For an account of the chemical properties of these varieties of albumen, I may take the liberty of referring to Müller's own account. *Handbuch der Physiologie des Menschen*, 8te Auflage, 1ste Band, pages 103, 113, 116, and to page 135, for an exceedingly interesting account of the chemical relations of an aqueous solution of spontaneously coagulable albumen (*Faserstoff*, Fibrin), as compared with those of a solution of that substance when destitute of that remarkable property (*Eiweiss Albumen*).

<sup>2</sup> Reports of Cases adjudged in the Supreme Court of Pennsylvania, in the Eastern District. By Thomas I. Wharton. Vol. III. Containing the cases decided at December term, 1837, and March term, 1838. Philadelphia, 1838.

lature for a charter, in the session of 1836-37—applied to the court for a certificate entitling them to a charter of incorporation, under provision of an act of assembly of the 16th of April, 1791: entitled to confer on certain associations of the citizens of this commonwealth powers and immunities of corporations or bodies politic in law.”

The court, after having heard the arguments of counsel on both sides, decided as follows:—“1. The supreme court will not certify under the act of 1791, to confer on certain associations the powers and immunities of corporations, where the constitution of the association confers powers not specified in that act. 2. Therefore, where the constitution of a ‘College,’ submitted to the court, contains a clause authorising the court to confer degrees in medicine upon the students and others, the court declines certifying in favour of the application.”

“We repeat,” says Judge Huston—who delivered the opinion of the court, “the act of 1791 authorises us to certify on the application of a corporation or body politic, with a right of perpetual succession, common seal, of suing and being sued, of making by-laws, and holding property of a yearly value not exceeding \$2000. These powers are specified in the act. Our authority extends no farther; and when an association seeks other authority, or other or greater powers, such can only be obtained from the legislature of the state.”

*University of the city of New York.*—It is stated in a recent number of the New York weekly Whig (June 16th), that Dr. Alfred C. Post, of New York, has been appointed to the Chair of Clinical Surgery, and Dr. Nathaniel Smith, of Baltimore, to that of Surgery, in the medical department of the institution. It is farther stated, in a subsequent number of the same paper (June 23), that the council of the university had resolved not to close the medical school until next November but one.

#### BOOKS RECEIVED.

*From Dr. Meigs.*—An Elementary Treatise on Midwifery: or Principles of Tokology and Embryology. By Alf. A. L. M. Velpeau, M. D. Translated from the French with notes, by Charles D. Meigs, M. D. Member of the American Philosophical Society, Lecturer on Midwifery and the Diseases of Women and Children, &c. &c. 2d American Edition. 8vo, pp. 592. Philadelphia, 1838.

*From Dr. Stevenson, of Canonsburg, Pa.*—Treatise on the Nature and Cure of Prolapsus Uteri, and other affections of the Pelvic Viscera. By Robert Thomson, M. D. 8vo, pp. 38.

*Cours de Médecine Clinique où sont exposés les principes de la Médecine Organique; ou Traité élémentaire de Diagnostic, de Pronostic, de Méthodes Thérapeutiques, &c., ouvrage auquel l'Académie des Sciences de Paris a décerné une médaille d'or: Par Léon Rostan, Médecin de l'Hospice de la Vieillesse (Femmes), ci devant Salpêtrière; Professeur de Médecine Clinique, &c. Edition Belge, augmentée de l'examen des doctrines médicales et des systèmes de Nosologie de MM. Laennec, Louis, Gendrin, Rochoux, Rostan, Dance, Calmeil, Lallemand, Bouillaud, Ollivier &c. par M. J. V. Broussais. 8vo, pp. 596. Bruxelles, 1836.*

## AMERICAN MEDICAL INTELLIGENCER.

Vol. II.

July 16, 1838.

No. 8.

## ART. I.—CASE OF POISONING BY ARSENIC.

BY RICHARD H. THOMAS, M. D., OF BALTIMORE.

*Case, in which it was believed that twenty grains of Arsenic had been taken, relieved by the Hydrated Peroxide of Iron, administered six hours after the poison was swallowed.*

Baltimore, 7th mo. 4, 1838.

6th mo. 1st, 1838, 8½ A. M., I saw Samuel Biddle, a robust man, about forty years of age, who told me that at 3 o'clock that morning he had mixed a powder in dry sugar and swallowed it for calomel; he left home immediately for his place of work, and whilst walking along—say in about fifteen minutes—was seized with a peculiar burning pain in his stomach, which induced him to believe that he had taken arsenic instead of calomel, as he remembered that he had in his chest two papers—one of twenty grains of arsenic, the other twenty grains of calomel. His suspicions were confirmed upon reaching his lodgings, when he found the paper of calomel properly labeled. This he took at once in a little dry sugar, and waited until daylight before he sent for me. He has had violent colic pains; some cramps in the lower extremities; no vomiting or purging. There is now a burning pain in the stomach; a tender epigastrium; white tongue, and corded pulse. I felt at first inclined to think he had been mistaken, and that he was labouring under gastritis. I bled him and ordered a sinapism. Upon questioning him more closely, and the symptoms increasing, I thought it would be safest to treat him as if the facts were ascertained.

In half an hour, by the kindness of my friend, Professor Fisher, of the University of Maryland, I was enabled to give him the hydrated peroxide of iron.

Dr. Fisher saw him with me at 9 o'clock, all the symptoms had increased; thirst, burning pain; epigastrium exquisitely tender. We gave him half a fluid ounce of the hydrate, which was in the wet state, and about the consistency of thick cream, in a tumbler of cool water, and directed the dose to be repeated every ten or fifteen minutes, in two ounces of water. A large dose of magnesia was also given, to be repeated in two hours.

12 A. M. The pain and burning in the stomach are much lessened—seem transferred to the bowels, which are tender to pressure. Continue the medicines.

4 P. M. Much relieved in every respect; has had several large evacuations from the bowels.

7 P. M. Still better; bowels freely purged; has swallowed eight ounces of the suspended hydrate, and three or four doses of magnesia.

Next morning, though weak, he seemed to be free from disease, and next day sat up, and had no bad symptom afterward.

Such is the case as it occurred; whether it be a fair test of the virtues of the peroxide as an antidote for arsenic, I leave the reader to judge. The

patient is a respectable man, and entitled to credit; he is positive as to facts. The length of time—six hours—before any very severe symptoms supervened, and before the antidote was administered, at first cause him to think that he might himself have been deceived. Professor Von S. of Vienna, however, asserts, "That a dram of arsenic in powder does not produce its deadly effects on the system in less than six or eight hours, while the same quantity dissolved in warm water destroys life in a shorter time." In the present instance, it was swallowed in a draught covered with sugar. The prompt relief which followed the exhibition of the peroxide is also confirmatory of the impression that the poison was really taken.

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY)

CLINIQUE OF DR. DUNGLISON.

- 1.—*Case of Scrophulosis—Morbus Brightii, General Dropsy.* Reported by ALEXANDER M. VEDDER, A. M., of New York, Senior Resident Physician.

Mary Taylor, æt. 12, entered the women's medical ward June 12th. Was in the surgical ward a year since with inflammation of the conjunctiva. Had effusion into the cellular tissue in April, 1838, but when it commenced is not known. For several months has had a swollen face and distension from one of the ears. Says she has not had scarlet fever.

Present state, June 13th. Very light complexion; emaciated; lying on the right side; face œdematous; left side more swollen than right; lips thick and tumid, chapped; eyes partially closed by the chronic inflammation of the conjunctiva; cicatrix, and ulcer on the lower of the right eye; left ear discharges a reddish, sanious matter; no tenderness of upper extremities; abdomen distended, but gaseous on percussion; tension inconsiderable; lower extremities much infiltrated and pit on pressure.

*Heart.*—Action regular; sounds clear; impulse moderate; no dyspnoea; no pain in the abdomen except in the right and left lumbar region; no pressure there produces deep-seated pain; pressure posteriorly in the region of the kidneys painful also; *not* elsewhere.

Slept well; appetite good; no urinary excretion for eighteen hours; no evacuation from the bowels; no sweating; skin cool, dry; pulse 90; urine scanty and small; urine not tested.

*Prescription.*—Good diet and the following mixture:—Baccar. juniperi ʒss.; potassæ bitart. ʒi; Infunde in aquæ Oij.; sumat f. ʒiv. ter die.

June 13th, P. M. Nitric acid added to the urine gives a copious white sanious deposit.

June 17th. Skin of face of a bluish white colour; œdema of face and limbs slightly diminished; effusion of the abdomen as before. Seems more lively than at entrance; strength increased; feels better; sleeps well; appetite; great thirst; tongue glossy, and of a pale red; left ear continues to discharge copiously a sanious matter; complains but little of pain in the ear; sweating at times; skin now dry and cool; six to eight evacuations in the twenty-four hours, no blood in them; urine, about a pint in the twenty-four hours—coagulates by the addition of nitric acid and the application of heat; no pain in the abdomen, except in the region of the kidneys; pulse small. Takes her medicine reluctantly.

*Prescription.*—Continetur infusum baccarum juniperi et bitart. potassæ. R. Pul. digitalis; scillæ aa. gr. ss.; fiat pilula ter die sumenda.

June 19th. Feels better, sleeps all night and during the greater part of the day; appetite bad; thirst continues; skin dry; temperature about normal; no sweating; tongue pale red, shining; œdema of face as yesterday.

discharge from the ear continues—also from behind the ear, where the bone is carious; effusion in the abdomen rather less; œdema of legs much less; two to five evacuations in the twenty-four hours; urinary secretion diminished, still albuminous—specific gravity 1004.7, that is, less than natural; soreness in the region of kidney on pressure; no sweating; tongue pale red, shining.

*Prescription.*—Continuetur pilulæ et infusum baccarum juniperi. Omitatur potassæ bitartras.

June 22d. In the night of the 20th was delirious. Last night, slept badly, restless; bowels discharge freely; the evacuations very fetid and dark coloured. The ear discharges a more fetid matter, some of which runs from the mouth.

*Prescription.*—Omittantur pilulæ et infusum. Capiat misturam cretæ pro renatâ.

21st. Is now delirious; desires to get up; urine increased in quantity; strength very much diminished; speaks very slowly; œdema of face and legs the same; dozing constantly; rolling of the eyes; pupils a little dilated, and contract slowly on the application of light; abdomen very tender on pressure; effusion in the abdomen not diminished; percussion of the abdomen gaseous; extremities cold; cold sweats on the face, extremities, and neck; pulse scarcely perceptible, cannot be counted at the wrist; heart 92 pulsations; respiration 15, costal.

*Prescription.*—Ammoniæ carb. gr. iii.; spt. æth. sulph. comp. m. xv.; emulsion. comm. 3 iss., fiat haustus omni horâ sumendus. Sinapism and bottles of hot water to extremities.

June 22d, P. M. Bowels constantly open; the discharges of a gangrenous odour.

Died at 9 o'clock, P. M., of June 22d.

*Brain* of good consistence and colour, no marks of inflammation. The temporal bone carious; internal structure of ear destroyed; an extensive cancrum aris, which has destroyed a part of the superior maxillary bone, and communicates with the antrum highmorianum.

*Necroscopy, fourteen hours after death.*

*Exterior.*—Emaciated; infiltration of the lower extremities.

*Abdomen.*—About a pint of serum was found in the cavity of the peritonæum, of a light colour; coagulates by heat. *Mesenteric ganglions* nearly all tuberculated; three or four of them, of the size of a pullet's egg: when cut into, of a straw colour, and present the appearance of old cheese; nearly all enlarged.

*Kidneys*—larger than usual; external membrane not adherent; right kidney presenting a mottled appearance, the lower third of a very light colour; when cut into, the cortical substance is slightly granulated in the part corresponding with the light colour externally; tissue firm; left kidney also of a pale colour in spots, and the internal corresponding portion granulated.

*Small Intestine.*—Near the ileo-colic valve a few scattered tubercles. In the lower third, at intervals of two or three inches, extensive ulcerations from one half to three quarters of an inch broad, and entirely encircling the intestines; presenting a bluish appearance, corrugated, with elevated edges. Some of them correspond to the enlarged ganglion, in the mesentery. In ascending the canal, the ulcerations become fewer and smaller; mucous membrane pale; attenuated glands of Peyer developed, but healthy.

*Large Intestine.*—Liver and spleen normal; several living ascarides lumbricoides in the intestines.

*Thorax.*—Two or three ounces of serum in each pleura; no adhesions of the pleura; no tubercles in the lungs. Bronchial glands extensively tuberculated.

A. M. VEDDER.

2.—*Case of Vicarious Menstruation.* Reported by EDWIN A. ANDERSON, M. D., of Wilmington, N. C., one of the Senior Resident Physicians.

H. S., born in Philadelphia, age twenty-two years. An inmate of an asylum for the last four years on account of periodical attacks of insanity connected with vicarious menstruation. From the age of puberty until the age of eighteen, the catamenia were regular; mind clear, with no disposition to insanity. About this period she was attacked with transient and irregular paroxysms of insanity, lasting from a quarter of an hour to an hour, at other times with sometimes partial, at other times complete, suppression of the catamenia. The mode and time of these attacks could not be certainly known, either by patient or attendants; generally, however, slight irritability of temper, with a disposition to flushing of the head, face, and neck, with or less cephalalgia, could be remarked by an attentive observer.

She would be walking about, apparently in good health, conversing freely; when, suddenly falling, she would strike her head against any object in the way, often severely injuring herself; and, when conveyed to an apartment, would remain entirely insensible to all surrounding objects. The head, face, and neck now became congested of a bright scarlet colour, with coldness of the extremities, and low muttering delirium. This continued for about ten minutes, when ejection of dark, grumous blood, sometimes to the amount of four ounces, supervened. This was known to proceed from the stomach by the complete absence of the pulmonary signs during its ejection—respiration being entirely natural, although only slightly hurried—and by its dark colour; blood from the lungs is usually of a much brighter hue, approaching to the colour of scarlet and frothy.

After this the symptoms become entirely relieved; warmth returns to the extremities; the congested head, face, and neck resume their natural colour, and, in from three quarters of an hour to an hour the patient recovers, exhausted, with a disposition to sleep. Next day she remains entirely unconscious of all that occurred, either during the attack or some time previous to it; the faculty of memory being for the time suspended. Complete retention of urine precedes and attends most of these attacks, the bladder being greatly distended; with severe pain in the hypogastric region on pressure. Catheterism relieves the pain in the hypogastrium, but has no effect upon the paroxysm: the instrument has often been introduced without her being sensible of it at the time or subsequently. Such was her extreme modesty that some time elapsed before it was discovered that she was suffering under prolapsus uteri to the extent of about an inch and a half. A flat circular glass pessary was then introduced, with relief of most of the distressing symptoms, menstruation becoming regular, and the vicarious menstruation from the stomach ceasing as long as the instrument remained in its place and supported the uterus. It was soon, however, dislodged, and the vicarious menstruation, retention of urine, with periodical attacks of insanity, recurred. For more than three weeks a flat circular glass pessary was retained, with entire comfort and ease, and with regular menstruation. It would appear, therefore, that the vicarious menstruation in this case is owing mostly, if not entirely, to the prolapsus uteri; for when the prolapsus is removed, regular menstruation ensues, and if the prolapsus recurs, vicarious menstruation follows, with its attendant distressing symptoms.

E. A. ANDERSON.

ART. III.—TWO CASES OF BRONCHIAL POLYPUS.

BY JOHN NORTH, F. L. S.,<sup>1</sup>

And Lecturer on Midwifery at the Westminster Hospital School of Medicine.

The term "bronchial polypus" has been quite arbitrarily applied to certain albuminous concretions formed in the air-tubes. As it has, however, been adopted by the few English writers who have described this not very common form of bronchial disease, I retain it; that the cases I am about to relate may not be distinguished merely by a new name from others on record, to which, in every respect they are exactly similar. It may be proper to state, that various designations have been given to this form of disease, by different foreign writers; as *angina polyposa*, *catarrhe suffoquant*, *asthma rarum*, *croup chronique des bronches*, &c. &c.

CASE I.—Mr. B., æt. 21, when about four years of age, had been attacked with severe inflammation of the lungs, from which he completely recovered, after an illness of several weeks. No other trace of this attack remained than a very slight and occasional cough, which did not even excite the attention of very anxious parents. He grew up stout and strong; he was active like other healthy boys, and indulged in the ordinary and violent sports of youth, without shortness of breath or any inconvenience. He continued in good health until the age of seventeen, when his cough became somewhat more troublesome, but not sufficiently so as to prevent him from pursuing an active occupation. He now, also, occasionally expectorated a small quantity of white curdy matter. No increase of these symptoms occurred for a year, when he was quite suddenly attacked with great difficulty of breathing and violent fits of coughing; and for several successive mornings he expectorated a large quantity of substance looking "like a fibrous root with many branches," as his friends, not inappropriately, described these moulds of the bronchial tubes. One of these moulds is on the table, marked 121. He had now some pain in the left side, and could not sleep comfortably when he lay on it. He had no febrile symptoms. In the course of a few days he completely recovered, and he remained perfectly well for two years, having neither cough, dyspnoea, nor expectoration. At the end of this time he was again attacked with slight cough and difficulty of breathing, and, in the course of three or four days, he expectorated many of these "bronchial polypi." As in the former instance, there was no obvious cause for the attack. He had not been exposed to cold, nor had he undergone any unusual exertion. Some of these "polypi" were slightly tinged with blood, in consequence, no doubt, of their firm adhesion to the bronchial membrane. The dyspnoea that accompanied their expectoration was very severe, and one concretion was coughed up with so much difficulty as to threaten suffocation. His breathing had now a whistling sound, and the left side of the chest felt very dull on percussion. For several days his countenance resembled that of a patient labouring under asthma. All these symptoms very quickly ceased, and he has remained perfectly well for more than two years.

CASE II.—A delicate-looking boy, æt. 17, had always been subject to catarrhal affections, from slight exposure to changes of weather; but he did not present any symptoms of serious pulmonary disease, nor were the catarrhal attacks ever severe enough to confine him to the house. He was rarely free from a slight cough, but it had not been accompanied by any expectoration. Without any assignable cause, his cough rather suddenly increased, and he began to spit up a quantity of white stringy substance. His breathing now became difficult from slight exertion, and a constant mucous rattling was heard when he breathed.

On the left side, just above the clavicle, the chest sounded very dull on

<sup>1</sup> London Medical Gazette, March 19, 1838, p. 330.



percussion. He was free from pain, and had no fever; pulse regular and natural. He continued in this state, with little alteration, for several days. The cough then became more frequent, and he suffered very severely from dyspnoea. On the third day from this aggravation of the symptoms he expectorated, with great difficulty and distress, a well-formed "bronchial polypus" exactly similar in appearance to that in the first case. The preparation is also on the table. For many days he continued to suffer with violent paroxysms of coughing, similar concretions. Sometimes one or four were expectorated in as many hours; but none were so firm as to complete a cast of the bronchial tubes, as that in the specimen presented. He quickly rallied from the distress he suffered in expectorating these concretions. The cough and expectoration, and r  le in breathing, ceased about ten days, and he was apparently restored to perfect health. The stethoscope indicated a healthy state of the lungs and breathing remained well for several weeks, when he was again suddenly attacked in a similar manner, and several "polypi" were again expectorated by coughing. This attack entirely subsided in a few days, and for more than a year and a half he has remained quite well. He has grown stronger, and is not in any way inconvenienced by variable weather, and he has necessarily been exposed to in traveling.

In the relation of these cases I have purposely avoided a dry detail of slight and unimportant changes; but I hope the brief account I have given is sufficient to render their rise and progress intelligible to those who have not have met with similar cases.

The appearance of these "bronchial polypi" may be briefly described in form, they are complete casts of many of the bronchial tubes. They are of an opaque white colour, and have more the appearance, I think, of solidified albumen than of fibrin. The larger branches are much firmer than the smaller ones. Several of the branches, too, are hollow; for I was enabled to inflate them with a blow-pipe, and into some of them a bronchus was introduced. A portion that I kept in water for a few days entirely lost its aborescent appearance exhibited in the preparations, and was reduced to a thick mucous-looking substance. Some information may be derived from the nature of these cases of "bronchial polypi" by referring to other cases which my researches upon the subject have furnished me with. In the cases related by John Hunter,<sup>1</sup> Raickem,<sup>2</sup> Warren,<sup>3</sup> Acharius,<sup>4</sup> L. Cheyne,<sup>5</sup> and Iliff,<sup>7</sup> exactly the same ramiform concretions were taken from the bronchia by coughing. All these cases recovered. In none of them, the patients had laboured under bronchial inflammation; but it is important to observe, that in nearly all, a considerable time elapsed from the subsidence of the bronchial affection, before the "polypous" concretions were formed and expelled. It appears, then; from the cases related by others, as well as those which I have mentioned, neither unreasonable nor unwarrantably speculative to infer, that there existed, as supposed by Andral,<sup>8</sup> "une sorte d  vice de s  cr  tion, qui *survivait* au travail de la maturation," which gave rise to the formation of these albuminous concretions. It must, at all events, be admitted, that these polypi are not to be taken as evidence of common inflammation of the bronchial membrane, either acute or chronic; for if they were, they must be of much more frequent occurrence in various diseases that are accompanied by bronchitis.

<sup>1</sup> On Inflammation, p. 574; with engravings.

<sup>2</sup> Bulletin de la Facult   de M  decine, t. xiv., p. 38: "Sur un croup chronique des bronches."

<sup>3</sup> Med. Trans. of the College of Physicians, vol. i. p. 407.

<sup>4</sup> Med. and Phys. Journal, vol. viii., p. 201.

<sup>5</sup> Case of Angina Polyposa; Duncan's Med. Comment., vol. ix., p. 254.

<sup>6</sup> Ed. Med. and Surg. Journal, vol. iv., p. 441.

<sup>7</sup> London Med. Repository, vol. xviii., p. 20.

<sup>8</sup> Clinique M  dicale, 2nde partie, p. 8.

Some difference of opinion exists as to the nature of these concretions. It would be scarcely necessary to advert to the fanciful belief entertained by former writers, as Tulpus,<sup>1</sup> Bartholine,<sup>2</sup> &c., that these substances are the blood-vessels of the lungs which are expectorated, if the same absurd notions were not supported by respectable and much more modern authority.<sup>3</sup> Tulpus, who first advanced this opinion, was himself at a loss to account for the possibility of the pulmonary blood-vessels being thus separated and thrown off, without the immediate destruction of the patient; and he, and his master, Paaw, professor of anatomy at Amsterdam, regarded the fact *ceu miraculum inauditum*; and Planque was equally puzzled, as he states in the *Histoire de l'Académie de Chirurgie*. The opinion now generally entertained is, that these concretions are owing to an inspissated state of the bronchial mucus, which adheres to the bronchial ramifications; the thinner parts of the mucus being carried off by the constant current of air, and thus a consistent and viscid mould would be formed, of the shape and size of the air-tubes.<sup>4</sup> This was the opinion of Morgagni and Dr. Warren. Dr. Baillie,<sup>5</sup> indeed, differs from them, but not upon very satisfactory grounds; for he does not refer to the necessary supposition that in all these cases there must be some morbid change in the mucous secretion of the bronchial membrane. His only objection is, that the *natural* mucus of the bronchia would not present, when dry, the appearance of these concretions. It has been supposed that these "bronchial polypi" are similar to the adventitious membrane which is formed in croup. But this appears improbable; for croup is very generally, if not always, a disease of early childhood: and nearly all the cases in which these "polypi" have been expectorated, have been in adults. It may be worth remarking, too, that in an inaugural dissertation, published by a German physician by the name of Schmidt, there are some curious experiments, to prove that artificial inflammation excited in the windpipes of animals only produced the adventitious membrane in those very young, whilst every attempt to create it in the old proved abortive. Mr. Porter gives an account of these experiments in his work on the Surgical Pathology of the Larynx. It appears that, first, some change takes place in the mucous secretion of the bronchia, whether from a morbid action of the parts, or from peculiarity of constitution, I do not venture to decide.<sup>6</sup> The mucous secretion gradually becomes firmer, and forms a mould of the part in which it is contained. Thus, both the patients whose cases I have related first expectorated a creamy-looking mucus; then, at times, a stringy and firmer looking substance; and lastly, well-formed and firm "polypous" concretions. In a case which occurred in the practice of Mr. Read, a part of the expectoration is soft, like viscid mucus. Other parts are firmer, but still scarcely forming consistent bronchial polypi. I presume that until the secretion has become firm, so as to block up many of the bronchial tubes, but little distress is occasioned. The process of respiration is not much obstructed. But the violent cough and equally violent dyspnoea come on when the substance contained in the air-tubes becomes firm, and adheres to the bronchial membrane, and forms a serious mechanical obstacle to the act of breathing. Like the membrane of croup, these concretions, which have received the fanciful name of "bronchial polypi," are very quickly regenerated, so that many may be thrown up in rapid succession, and at short

<sup>1</sup> Observationes Medicæ, lib. ii., cap. 3.

<sup>2</sup> Epist. Med. Cent. iii. Hist. 98.

<sup>3</sup> Planque: Bibliothèque Choisie de Méd., t. ix., 1766.

<sup>4</sup> Bretonneau, "Sur la Diphthérie," offers many instructive remarks on the various modifications to which the mucous secretion of the air-passages is liable, from various causes.

<sup>5</sup> Works, by Wardrop, vol. ii., p. 88.

<sup>6</sup> We are equally unable to determine with any degree of certainty the altered action that leads to the membranous effusion in tubular diarrhoea, or on the mucous surface of the uterus in dysmenorrhœa.

intervals. Dr. Paris informs me, that a patient of his expectorated short time, enough of these concretions to cover a plate.

Although we find but few cases of bronchial "polypus" on record, it is probable that the number would be much increased if we were more in the habit of minutely examining the state of the bronchial tubes after death, and that, as Andral suggests, many cases of asthma, which are supposed to depend upon some ill-defined disturbance of the nervous system, would be found to result from bronchial obstruction.

Dr. Cheyne<sup>1</sup> directs our attention to another kind of "polypous" formation of the bronchial tubes, which occurs only in connection with hæmoptysis. The distinction between the two is important with respect to prognosis. This last variety consists merely of the coagulum of blood moulded into shape by the bronchial tubes, into which the blood has been poured. The formation of the coagulum checks the attack of hæmoptoe, but the relief to the patient is but temporary. Cough and difficulty of breathing speedily ensue from the presence of the coagulum in the air-tubes; the coagulum is expelled; the hemorrhage returns, and not unfrequently destroys the patient at once, or he dies of pulmonary consumption. Several cases of this kind are related by Mr. Moyle,<sup>2</sup> Dr. Samber,<sup>3</sup> Le Bœuf,<sup>4</sup> &c. In the contrary, when these concretions are voided in chronic affections of the bronchi, the great probability is that the patient will recover, however numerous they may be. It has happened, in more than one case, that the unusual appearance of these polypi has led to the suspicion of pulmonary disease, and that hence an erroneous opinion has been given.

But although the formation of these concretions does not alone indicate an organic disease in the lungs, the patient is often exposed to some danger from another source. The "polypous" substances may adhere so firmly to the bronchial membrane, that however violent may be the paroxysms of coughing, they are not expectorated, and suffocation is the consequence. Two instances of the kind are related by Andral<sup>5</sup> in which the patients died from suffocation. Upon dissection a large portion of the bronchia was found completely blocked up by "une masse de concret, demi solide, qui fermait comme un bouchon ce conduit membraneux et se prolongeait en s'amincissant dans son intérieur." This description corresponds exactly with the appearance of the preparations on the table.

I abstain from entering further into the treatment of such cases than to observe, that the inference to be derived from the rise and progress of the majority of the cases on record, would appear to show that free bleeding is not necessarily indicated. To assist the efforts of nature in throwing off the concretions, small doses of tartar emetic, or ipecacuanha and opium have been found useful. M. Raickem speaks very highly of the good effects of repeated doses of sulphate of potash. In chronic cases, where the formation of these concretions long continues, I should think it would be better to endeavour to remove the morbid action, by rubbing in mercurial ointment upon the throat, so as slightly to affect the gums. To alleviate the distressing dyspnoea, the violent cough, and the threatening suffocation that attend when nature is making violent but ineffectual efforts to remove the concretions, firmly adhering concretions from the air-tubes, warm inhalations of steam of water, and the internal administration of a diffusible stimulus, as ammonia or man's anodyne, would be probably more effectual and safer than bleeding, which some have advised; for all the power of the patient is required to get rid of the mechanical obstacle to the act of respiration.

<sup>1</sup> Edin. Med. and Surg. Journal, vol. vi.

<sup>2</sup> Lond. Med. Journal, vol. vi., p. 252. 1783.

<sup>3</sup> Phil. Trans., No. 398, p. 262.

<sup>4</sup> Mém. de l'Acad. Royale de Chirurgie, t. xiv., p. 449.

<sup>5</sup> Clinique Médicale, part 2, p. 41, et seq.

## ART. IV.—ON DISEASES OF THE JOINTS.

The following summary is extracted from the clinical lectures of M. Velpeau on white swellings, reported by M. Gustave Jeanselme.<sup>1</sup>

It results from all that has been said, that arthropathies can be distinguished without much difficulty from each other by particular signs, and that they are far from requiring the same treatment. Our clinical observations on this subject may be summed up after the following manner:—

White swellings belong to two great classes of arthropathies,—

A. Those of soft parts; B. Those of hard parts. The first class naturally divides itself into three kinds,—1. External arthropathies; 2. Internal arthropathies; 3. Capsular arthropathies. The same may be said of the second class, which presents itself in the form,—1st, Of cartilaginous arthropathies; 2d, Of superficial osseous arthropathies; and 3d, Of profound or parenchymatous osseous arthropathies.

As to their nature, all these arthropathies may be either rheumatic, scrofulous, tuberculous, syphilitic, scorbutic, cancerous, etc., or simply inflammatory.

We may also sum up this subject as follows:—

1. *Extra-capsular Arthropathies*.—Doughiness (*empatement*), sometimes pain; irregular swelling, without effusion into the interior of the articulation. Generally not serious. Requiring the treatment, either of phlegmonous erysipelas, or of engorgements of the same kind developed in the subcutaneous layers of the rest of the limbs. If a purulent collection is established, the bistoury may be applied with boldness, and without fear.

2. *Pure Capsular Arthropathy*.—Arising from sprains, external violence of every kind, rheumatic affections;—accompanied with pain in certain motions, pain which pressure sometimes augments; giving rise to regular or irregular swelling of the extra-capsular layers; producing sometimes a variable degree of internal effusion; a disease more serious than the preceding; giving origin to many of these which will be referred to; requiring an active antiphlogistic treatment—advantage being derived from resolvent ointments, extensive blisters, compression, and mercury in large doses.

3. *Specific Arthropathy, the blennorrhagic of lying-in women*.—A lesion, which takes place suddenly; soon characterised by an abundant effusion; accompanied only by slight pain in the first degree, and putting on speedily all the characters of acute arthritis in the second; requiring a somewhat energetic, but an evacuant and revulsive rather than an antiphlogistic treatment,—repeated blisters; mercurial frictions; compression; internally, purgatives; calomel in large doses; sometimes, also, anti-blennorrhagic, balsamic substances.

4. *Fungous Arthropathy*.—Sometimes primary; most commonly secondary; always chronic; rarely painful; announced by elastic swellings (*bosselures*), more or less extensive, rolling sometimes under pressure like foreign bodies; giving rise to the idea of fluctuation; sometimes combined with real effusion; giving to the articulation an enormous size, not so as to prevent altogether walking; generally serious on account of its obstinacy; resisting at times all remedial means; never yielding to blood-letting alone; best relieved by large (*monstres*) vesicatories, resolvent ointments, transcurrent cauterisation, moxas, setons, caustics, compression, and calomel in large doses.

5. *Pure Synovial Arthropathy*.—A lesion essentially characterised by an effusion of serum; without pain, or sensible thickening of the articular envelopes; arising suddenly or slowly; only moderately constraining the functions of the articulation; requiring the employment of purgatives, of

<sup>1</sup> Archives générales de Médecine, Sept., 1837.

mercurials in large doses, colchicum or diuretics combined with laxatives and resolvent frictions.

All these shades have the common character of being announced by swelling or superficial pains from the first, and never continuing long time without changing the form of the part.

6. *Cartilaginous Arthropathy*.—A disease altogether mechanical, comprises ulceration and contusion of the cartilages, and ulceration of the synovial membrane, or the affection described under this name by Brodie; resulting from pressure exerted perpendicularly, or in any direction by the cartilaginous surfaces, against each other; may be compared to the crushing, or wearing away, of inorganic plates; occurring suddenly; announced by a crepitation, and sharp pain, which ceases during rest, and returns in certain motions; may be complicated with osseous arthropathy; healed only after a long time by rest, and great care in the movements, or in consequence of the subsidence of the cartilaginous rugosities.

7. *Superficial Osseous Arthropathy*.—A disease the cause of which is most commonly internal; announced by dull pains when the articulation is not moved, causing acute and often intolerable pain when the patient is in the least motion. In this case the effusion, swelling, fungosities, elastic and moveable swellings, only show themselves secondarily. The lesion is always dangerous, often incurable; requiring or forbidding blood-letting, cups, leeches, mercurials, purgatives, according to the constitution of the patient; a lesion which is only slightly modified by resolvent ointments, blisters and compression; demanding rather the morua and cautiously requiring the most perfect rest; requiring at last amputation, terminating by ankylosis.

*Profound Arthropathy of the Bones*.—A disease which shows itself by dull and always deep-seated pains, either in walking or at rest; more at night than in the day; accompanied with heat; without swelling; continues months and years without the least effusion into the articulation; invading sometimes the cartilages of incrustation, and changing into an excessively painful affection; extending very often towards the surface of the head of the diseased bone; giving rise then to symptomatic chronic or acute inflammation; proceeding finally like exostoses, accompanied with osteitis; a disease always excessively long, requiring frequent amputation of the limb, only terminating in a happy manner after the excision or exit of the necrosed or diseased tissues; requiring for treatment internal means especially: repeated blisters, cauterants, moxas also, but not admitting compression, and most other topical remedies.

In this last group, that is, in arthropathies of the hard parts, pain, when it can be observed, is the dominant symptom as a primitive sign, and it most commonly exists for several weeks, and even months, before there is tumefaction.

"This is sufficient, I think," says the reporter, "to show, that the classification of diseases known under the name of *white swellings* (*tumeurs blanches*) is composed of an infinity of different lesions, and unless we study them in their principal elements, it is altogether impossible to perfect the treatment."

## BIBLIOGRAPHICAL NOTICES.

*Mütter's Cases of Autoplasty.*<sup>1</sup>

These cases, as the title imports, were originally published in the *American Journal of the Medical Sciences*, and are now first issued in pamphlet form. Of one of the cases—deformity of the mouth successfully treated—we have already made mention.<sup>2</sup>

The other case is an operation for the restoration of a considerable portion of the right half of the nose.<sup>3</sup> The loss of the original tissue was supplied by sliding a portion of neighbouring integument over the deformity. Union was complete.

When Dr. Mütter last heard from his patient, the nostril appeared natural, but not quite large enough, and there appeared to be a disposition in the part to contract still farther; but he has "no doubt whatever, that in the course of a few months all 'tendency to contraction' will be overcome."

Both operations evince much surgical skill.

By the way we may rationally object to the introduction of the term *Autoplastie*, or rather to its termination. Although used by the French, it is still derived from the Greek, and if adopted by us should be written *Autoplasty*; or, if we desire to be yet more technical, *Autoplastice*,—a term employed by many surgical writers of continental Europe for the operations in question.

*Laceration of the Iris.*—An interesting example of this lesion has been published by Dr. E. J. Davenport of Boston.

The patient received a violent blow upon the left eye from a fragment of stone. Dr. Davenport saw him soon after the accident, and found upon examination, "an oblique and irregular wound, about four lines in extent, of the inferior and inner part of the cornea; a considerable portion of the inferior and nasal part of the iris, torn from the ciliary ligament, protruded through the wound and hung down upon the eyeball; the anterior and posterior chambers of the eye were filled with fluid blood, so as entirely to conceal from view the pupil and remainder of the iris; the cornea was rendered prominent by the pressure of the contents of the globe, particularly at the wounded part; the ocular conjunctiva was somewhat injected. The patient complained of great pain which he referred to the eyeball; and vision in this eye was extinct, at least for the time being. To prevent any additional irritation from the exposure of the prolapsed iris to the atmosphere and to the friction of the eyelids, it was removed with forceps and curved scissors. A small quantity of bloody serum escaped at the moment from the anterior chamber, after which the edges of the wound were carefully adjusted, and a compress wet in cold water was secured upon the eye with a light bandage. Venesection and an active cathartic were prescribed, together with the antiphlogistic diet and regimen proper to the case. From accidental circumstances, the patient was not seen again until Saturday, when he stated that he had in the mean time been visited by an irregular

<sup>1</sup> *Cases of Autoplastie.* By Thomas D. Mütter, M. D., Lecturer on Surgery, Fellow of the College of Physicians of Philadelphia, Member of the Academy of Natural Sciences, Honorary Member of the Philadelphia Medical Society, &c. &c. (Extracted from the *American Journal of the Medical Sciences*.) 8vo, pp. 16. Philadelphia, 1838.

<sup>2</sup> *Intelligencer*, I., 283, Philadelphia, 1838.

<sup>3</sup> *American Journal of the Medical Sciences*, for May, 1838.

practitioner of medicine in this city, whose treatment consisted in the local use of the extract of belladonna, and the frequent application of the wounded eye of powders of calomel and white sugar, blown into through a quill! The inflammation had now considerably increased, the vessels of the eye tending to form the zonular arrangement around the cornea, indicative of internal and deep-seated ophthalmia. The pain was severe, though not constant, and was referred chiefly to the brow, forehead, and cheek bone; the intolerance of light and lachrymation were much increased. Notwithstanding the high degree of inflammation, absorption of the effused material in the chambers of the eye had already taken place so far as the superior part of the iris, and a small portion of the dilated pupil were concerned. The patient reports that he can distinguish the outlines of small objects.

"*Monday.* The process of absorption continues to advance; now the superior half of the iris and pupil is now visible, and the colour of the former is very perceptibly changed from a grayish blue—the natural colour—to a light green. The circumorbital pain has diminished, and the power of vision is improving. Has discontinued the powders, the treatment confined to the daily exhibition of purgatives and the application of wet in cold water, on the eye.

"*Wednesday.* Shreds and patches of blood are visible in the pupil, also red spots scattered upon the surface of the iris; a portion of the dilated blood remains about and below the corneal wound, and at the inferior part of the anterior chamber is seen, indistinctly, the accidental pupil, rendered obscure by coagula not yet absorbed.

"*Friday, 9th day.* Scarcely a trace of blood remains in the anterior chamber. *The false or accidental pupil presents the appearance of a continuation or enlargement of the natural pupil, forming with the cornea a large and irregular aperture, by the separation of nearly one half the circumference or external margin of the iris from the ciliary tissue. A point of the pupillary margin of the iris, of a triangular shape, has become engaged in and adheres firmly to the opaque cicatrix left by the wound of the cornea. The cicatrix forms a point of attachment to the inferior part of the iris, by which the inferior boundary of the natural pupil is in some measure preserved.*

"*Sunday.* The entire pupil is black and transparent, or nearly so. The iris, however, does not manifest any contraction or dilatation upon exposure to different degrees of light. The patient can now distinguish large objects with the injured eye, but still complains of an appearance of a haze. Has not had, at any time, muscæ volitantes, nor luminous spectra. Ten days after this visit he was able to return to his work, guarding the eye with a pasteboard shade.

"*November 12th.* The wound of the cornea has become firmly cicatrized, the cornea retaining its natural size and convexity. The superior portion of the iris dilates and contracts moderately well; the inferior portion, attached to the cornea, is of course without motion. By contraction of the lids very slightly, vision is equally as perfect as in the sound eye.

"Three other well-marked cases of laceration of the iris, (says Dr. Davenport) the result of injury, have fallen under my notice. Of one of these, complicated with opacity of the crystalline lens, I gave an account in a former number of this Intelligencer. The second case, when seen for the first time, was accompanied with complete proptosis, and the iris had nearly disappeared. The third case was that of an Irish young man—a blacksmith—who was struck by a piece of iron upon the right eye, with such violence that the cornea was ruptured in its transverse diameter, and a large portion of the contents of the globe escaped. When the eye recovered from the inflammation, the greater part of the cornea was found opaque, and there was closure of the pupil, with obliteration of the anterior chamber, except at the superior margin of the cornea, where a false pupil had been formed by the detachment of the iris from the ciliary ligament. Through this pupil he can see large objects pretty distinctly. I

bodies, as the fire or the flame of a candle, to this eye, appear to be greatly multiplied, so that he can at any time amuse himself with an illumination by the aid of three or four common lights. The central image, this patient informs me, is by far the most distinct; those extending horizontally on either side becoming more faint until they cease to make any impression on the retina. It is worthy of remark that within a few months after the above-mentioned accident occurred, the left eye, without any other assignable cause, was attacked with aquo-capsulitis, or inflammation of the lining membrane of the anterior chamber, involving finally the iris. This eye recovered chiefly under the use of depletory remedies, followed with an alterative course of calomel and opium."

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*Mr. Bransby Cooper on Reparation after Simple Fracture.*—Mr. Cooper deduces the following results from an experimental enquiry respecting the process of reparation after simple fracture of bones.<sup>1</sup>

"To sum up in a few words the results of the foregoing investigation, as far as it has been carried, I should say, that the effects of a simple fracture of bone are—first, the effusion of a greater or less quantity of blood; next, the absorption of its serum and red particles: inflammation of the bone, and all the surrounding tissues next takes place: this leads to a deposition of lymph, which soon becomes hardened into cartilages; which, if not different in character, seem, at least, to perform two distinct offices:—that secreted by the cellular membrane of the surrounding soft structures produces, by its hardness and contraction, an approximation or even contact of the fractured portions; and this, proving a fresh source of excitement to the cartilage secreted by the vessels of the bone, leads to its ossification; whilst that thrown out by the soft parts, is, in the end, either absorbed, or converted into a structure the same with that which effused it; showing that the vessels of each part are capable of appropriating their blood to the reproduction of the particular structure from which it was derived.

"It may be well to observe, that, in the prosecution of these experiments, no mechanical means were employed, either to produce or maintain a coaptation of the fractured extremities of the bone; but they were left entirely to the action of the muscles, so that a considerable degree of obliquity or shortening almost invariably occurred. In two or three experiments, the results of which I have not published, I did apply splints for the purpose of preventing motion, so as to enable me to judge of the comparative quickness of re-union; but in each case the animal died, as if the splints had given rise to increased irritation. A very similar result to this I have seen in the fractures of bones of young children; when, by merely placing the fractured limb on a pillow for support, without any application whatever, the union has been more quickly performed, attended with less constitutional irritation, and followed by less deformity, than when these more complicated mechanical aids were used."

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*Effect of Change of Posture on the Pulse.*—The difference between the pulse of the healthy and diseased individual, according as he is in the erect or recumbent posture, is known to all observers. Dr. Guy<sup>2</sup> has endeavoured to appreciate more accurately the effect of posture, and as the result of his investigations he affords the following summary:—

1. In healthy males of the mean age of 27 years, in a state of rest, the number of the pulse is, standing 79, sitting 70, and lying 67; the difference between standing and sitting being 9 beats; between sitting and lying, 3 beats; and between standing and lying, 12 beats. When all exceptions to the general rule are excluded, the numbers are, standing 81, sitting 71, and

<sup>1</sup> Guy's Hospital Reports, No. IV., p. 196; and No. VI., for April, 1838, p. 130.

<sup>2</sup> Ibid, No. VI., for April, 1838, p. 107.



lying 66; the difference between standing and sitting being 10 between sitting and lying, 5 beats; and between standing and lying, 15. The same differences, expressed fractionally, are as follows, including exceptions:— $\frac{1}{6}$ ,  $\frac{1}{10}$ ,  $\frac{1}{8}$ ; exclusive of exceptions,  $\frac{1}{8}$ ,  $\frac{1}{12}$ ,  $\frac{1}{4}$ .

2. The extremes are very remote from the mean results. The greatest difference between standing and sitting is  $\frac{1}{4}$ , the least  $\frac{1}{12}$ , of the frequency standing; the greatest difference between sitting and lying the least  $\frac{1}{10}$ , of the frequency sitting; whilst between standing and lying the difference may be somewhat less than  $\frac{1}{4}$ , and as little as  $\frac{1}{14}$ , of the frequency standing. The greatest difference observed amounts to somewhat less than  $\frac{1}{4}$  of the frequency standing.

3. The exceptions are as follow:—To the general law, that the pulse is less frequent sitting than standing, there is one exception in twelve experiments; to the general law, that the pulse is less frequent lying than standing, there are three exceptions in ten experiments; to the general law, that the pulse is less frequent lying than standing, there is one exception in ten experiments. The total number of instances in which one or more exceptions to general rules occurs, is thirty-four, or somewhat more than one every three.

4. The effect produced by change of posture increases as the frequency of the pulse increases.

5. The exceptions to the general rule are more numerous as the frequency of the pulse is less frequent.

6. The effect produced upon the pulse by change of posture is increased by muscular contraction.

7. Muscular contraction, whether employed to change the position of the body, or to maintain it in the same position, accelerates the pulse; the effects produced by change of posture form but a particular case of the general law.

*Treatment of Cancer in South America.*<sup>1</sup>—Dr. Germont, in his travels in Brazil, speaks of a method of treating cancer adopted by the native physicians of that country, particularly in the vicinity of the river Amazon. The ulcer is surrounded with a plaster, and the juice of the manzanilla species of euphorbia, is poured upon it. This in a short time, if attended, produces sweating, dyspnoea, involuntary discharge of urine, &c. A crust forms, which after some days falls off, and leaves behind healthy granulations. Dr. G. saw several cancers of the breast, and the case of a cancer in general, which European treatment had failed to relieve, cured in this manner. This juice, combined with pus, is fatal to animals; but when used with the discharge from cancer is perfectly harmless, if report says so.

*Necroscopy in Small-pox.*<sup>2</sup>—In a patient who died of confluent small-pox the following appearances presented themselves on examination. The body had a sour smell; the face was black; a serous fluid in the brain; much blood in brain. Fauces of violet colour, studded with enlarged tonsils small. Pharynx with membranous granulations, spots; the membrane wrinkled, soft, pocked, red streaks between the wrinkles. Oesophagus near the cardiac orifice pale red small knots; mucous membrane of the pharynx rough with small flat pustules, that of the trachea black, red, covered with mucus. Red spots and points in stomach; mucous follicles near pylorus confluent; duodenum similar to stomach. No inflammation in small intestine below; the follicles swollen; caecum bluish; soft.

<sup>1</sup> *Zeitschrift für die gesammte Medicin.* Jan., 1837.

<sup>2</sup> *Estienne's Recueil*, Paris, 1837.

*Case of Dropsy.*<sup>1</sup>—A patient of M. Borgialli, previously thin, became, in her thirty-third year, suddenly corpulent. After this, from grief and watching, loss of flesh again succeeded, followed by dyspepsia, and finally by dropsy. She was tapped for the first time in 1829, and one hundred pounds of water drawn off. The same operation was repeated during the year with a similar result. She continued to be tapped at shorter intervals, until, in 1834, the forty-fifth operation was performed. Meanwhile, by the free use of evacnants and diuretics, a powerful impression had been made on the disease, and the menstruation, returning after a long interval, appeared to prove critical. At all events, the patient recovered her health after the enormous amount of four thousand five hundred pounds of water had been withdrawn by the trocar!

*Treatment of Hooping Cough by Carbonate of Iron.* By DR. STEYMAN.<sup>2</sup> Dr. Steyman employs carbonate of iron in hooping cough in the dose of half a grain (at the least), to be taken every three hours with sugar, and increased to as many grains, and more, than the number of years of the child's age. It is only to be used in cases which are well marked, and should not be administered in the first stage; in all cases it must be preceded by an emetic.

Henry L., aged 11 years, had suffered for more than nine weeks with hooping cough which had baffled all means; he was ordered the following: R. Carbon. ferri, gr. xxv.; sacch. alb., 3ii. M. Fiant pulv. decem. One powder every three hours.

After its employment, the cough became less frequent, and the hooping sound had completely disappeared; ten other powders, each containing five grains of the carbonate of iron, cured the disease entirely.

His sister, aged 5 years, affected during the same period, and having taken the ordinary medicines without relief, began with nine grains of the carbonate of iron, then fifty-four grains, and was completely cured at the termination of eight days.

Jules Etier, aged five years, after having been unsuccessfully treated by another physician, was placed under the care of M. Steyman; he prescribed two grains, then four grains, of the carbonate of iron for a dose. At the end of four days the patient was perfectly cured.

*Efficacy of Chloride of Zinc in Chronic Blennorrhæa, &c.*—M. Bureaud-Riofey, in a letter read before the Académie Royale de Médecine, at the sitting of the 31st October, 1837, says, that he has employed the solution of chloride of zinc in certain fetid discharges, which could not be considered as leucorrhæal; the fætor disappeared, and the discharge was diminished, but not entirely suppressed. Applications of chloride of zinc in solution, in the quantity of from five to ten grains to the ounce of water, may render, he thinks, much benefit in the treatment of atony of the mucous membranes, with or without the secretion of purulent matter. The chloride of zinc has a great advantage over the chloride of lime in possessing no odour.

*Jefferson Medical College of Philadelphia.*—Under the new charter and organisation of this institution, to which we referred in a former number of the "Intelligencer,"<sup>3</sup> all the officers ceased to exist as such, except the old trustees, who were continued by the new charter. It became, therefore, necessary to appoint professors to the vacant chairs. All the former professors were, accordingly, unanimously re-elected.

<sup>1</sup> *Bulletino delle Scienze Mediche di Bologna*, August, 1837.

<sup>2</sup> *Médecinisches Correspondenz Blatt*, and *Gazette Médicale de Paris*, Jan. 20, 1838.

<sup>3</sup> For May 1, 1838, p. 48.

Important changes are about to be made in the college building. The exterior of the Hall will be remodeled; the lower lecture-room roughly changed; a convenient laboratory be provided for the practice of chemistry; and by the commencement of the ensuing course, the interior of the building will be so arranged that the student will derive every advantage from the lectures.

At no time, we learn, have the prospects of the institution been so flattering.

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*Medical College of Ohio. Dr. Mussey.*—Dr. Mussey, who has lectured with credit to himself, and advantage to his pupils, at the Medical College, is about to transfer his useful exertions to another theatre. He has accepted the professorship of surgery in the medical College of Ohio, and cannot fail to be largely benefited by the transfer.

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*Medical College of Richmond, Va.*—The trustees of Hampden-Sydney College, having organised a medical department in the city of Richmond, Va., lectures, we learn, will commence there on Monday, the 5th of February, 1833, and will be continued until the last week in March.—A high experiment, by the way, in a new institution to attempt to extend the length of the medical session.

We have not a list of the professors: as soon as we receive one we will publish their names.

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*Transylvania Medical School. Dr. N. R. Smith.*—We learn that Dr. N. R. Smith, of Baltimore, has accepted the Chair of Theory and Practice of Physic in this school: but that he will continue to reside in Baltimore except during the winter session.

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### BOOKS RECEIVED.

Die neuern Arzneimittel; ihre physischen und chemischen Eigenschaften, Bereitungsweise, Wirkung auf den gesunden und Kranken Organismus, therapeutische Benützung nebst einer Auswahl von Arzneiformeln. Von V. A. Riecke, Doctor der Medizin, correspondirendem Mitglied des Königl. Instituts für Heilkunde in Preussen und des Vereins Grossherzoglich Badischer Medizinalbeamter zur Beförderung der gerichtlich-ärztlichen Arzneikunde, ordentlichem Mitglied des Württemberg. ärztlichen Vereins. 12mo, Stuttgart, 1837.

*From the Author.*—Cases of Autoplastie. By Thomas D. Mütter, M.D., Lecturer on Surgery, Fellow of the College of Physicians of Philadelphia, Member of the Academy of Natural Sciences, Honorary Member of the Philadelphia Medical Society, &c. &c. (Extracted from the American Journal of the Medical Sciences.) With two plates. 8vo, pp. 16. Philadelphia, 1838.

*From the Author.*—An Essay on the Relation between the Respiration and Circulating Functions. By Charles Hooker, M.D. Read at the Annual New Haven County Meeting of the Connecticut Medical Association, April 12, 1838. Republished from the Boston Medical and Surgical Journal. 8vo, pp. 47. Boston, 1838.

Circular of the Louisville Medical Institute. Second session. 8vo, Louisville, 1838.

THE

# AMERICAN MEDICAL INTELLIGENCER.

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No. 9.

## ART. I.—ON WIND-CONTUSIONS.

BY SAMUEL ANNAN, M. D., OF BALTIMORE.

Baltimore, July 9th, 1838.

The sixth number of the "Medical Intelligencer," for the present year, contains some strictures upon an attempt which I made, in a former paper, to account for the instances of death on the field of battle, where no external wound was perceptible, by John R. Purdie, M. D., of Smithfield, Virginia. It is true, as Dr. P. remarks, that no great benefit can result from the solution of the problem; but it is, nevertheless, an interesting philosophical enquiry; and in all cases where the effect is so striking, the human mind is not likely to rest satisfied until the cause is discovered. I therefore consider the profession indebted to Dr. P. for the disposition he has manifested to cast all the light he possesses upon this dark subject. I regret, however, that he did not take more pains to make himself well acquainted with the minute details of his facts before he communicated them to the public. It is a trite and true saying, that, by the collision of opinions, truth is elicited; and it is equally true, that nothing but confusion can result from the collision of facts. Nature is uniform and invariable in her operations; and *cæteris paribus*, like sequences succeed to similar antecedents. If facts appear to conflict, it must always arise from some defect in the observations. The genuine philosopher, under these circumstances, will enquire of nature again; nor will he cease to interrogate her, until the apparent contradictions are removed.

In the seventh volume of Niles's Weekly Register, Col. Armistead, in his letter to the secretary of war, mentions the death of Lieut. Clagget, and Sergeant Clemm. I have made enquiry of the brother and brother-in-law of Lieut. C., the latter of whom was within a few feet of him when he was killed, and was himself injured by the explosion, and by the dirt from the parapet wall, on the inside of which he was sitting. I have also conversed with another gentleman who was seated under the parapet wall and was slightly wounded. I have seen the gentleman who assisted in laying out the corpse, and superintended the funeral as a friend of the family; and have obtained the recollections of a medical man, who was assistant surgeon in the U. S. army, and on duty in this city at that time.

In the first place, Dr. P. is mistaken when he says that the lieutenant and sergeant were at the same gun.

2d, The sergeant was killed, but not at the same gun—nor by the shell which killed Lieut. C. A part of a shell struck Sergeant Clemm on the abdomen, and inflicted a frightful wound, of which he died in a few minutes. Dr. P. unfortunately writes from indistinct recollection, and does not seem to be very certain himself of his accuracy. He says, "I think the lieutenant was killed, and perhaps others were more or less injured."

3d, The doctor is mistaken when he says, "the shell burst about ten feet from the ground." The shell struck the parapet wall, threw in a large

quantity of dirt—one of the gentlemen says about a ton and a half ; struck the cast-iron wheel of the gun-carriage and broke it to pieces exploded, blowing off the covering of the touch-hole and firing the gun.

4th, The doctor is mistaken when he says, "On examining his body the slightest bruise or scratch was to be found." Lieut. C.'s face and hands were as black as ink, from contusion ; and blood was discharged from his nose, mouth, and ears. The gentleman who was at the washing and dressing of the corpse informs me, that he and those present were of the opinion "from the marks of violence on the breast, that he had been struck by a heavy body, and the breath driven out of him." It is certain that Lieut. C. was under the gun, either standing or sitting, between the carriage and the parapet wall ; and the result of the enquiries made by Assistant Surgeon ———, to whom I have referred, was, that the gun, a twenty-four pounder, when the wheel was broken, fell down upon Lieut. C. and crushed him. He has a perfect recollection of the talk of wind-contusions ; but as it is considered that absurd, he enquired sufficiently to satisfy his own mind. The death was caused in the way just mentioned. The opinion formed at the time by an intelligent surgeon, after proper investigation, and the statements of the persons who washed the corpse, deduced from the marks of violence on the breast, concurring, must be regarded as decisive. The considerable discrepancy in the statements of different individuals, as might be expected ; but respecting the position of Lieut. C. in front of the gun, and under the gun there is no dispute, as far as I have heard.

It is thus abundantly evident, that, however the death of Lieut. C. may have been caused, it was not a case of *wind-contusion*. The external marks of violence were perceptible to the most careless and superficial observer.

As to the frog which Dr. P. and his friends killed without his making a wound, it is much more likely to have been a case of concussion than wind-contusion. I have myself frequently killed fish near the surface of the water, and in no instance were they struck by shot. The spot aimed at was always on the near side of the fish, and the concussion of the water killed them as effectually as if they had received a dozen bullets. Of course there was no external wound. I have no doubt a frog can be killed in the same manner. But admit the fact as stated by Dr. P., it only shows that a frog can be killed by the concussion of water or in some other mysterious way ; but surely that does not prove that men are killed by cannon-balls, without being struck, in opposition to cases where, when they have been hit, and dreadfully mutilated, they did not die. In naval battles, where thirty-two and forty-two pounders are flying in all directions, coming in at the port-holes, and killing men at the same gun, tearing some of them to pieces, one man with his arm shot off close by his body, but no farther injury done, while those who are not hit receive no damage whatever.

With respect to the hypothesis of Dr. De Butts, it is merely substituting one conjectural explanation for another. We know that friction and electrical action are powerful agents in exciting the phenomena of electricity ; but we have no evidence that an appreciable amount of this influence is set into action by the friction of cannon-balls and shells against the particles of the atmosphere. Neither have we any proof, if the electrical equilibrium is disturbed, that an accumulation takes place in the ball ; nor that it passes off at one side as rapidly as it enters at the other. The chemical action going on during the burning of the fuse of a shell, and at the time of the explosion, will certainly excite more or less electricity ; but we are obliged to have recourse to that power to explain all the consequences. The heat and the force with which the fragments are scattered about sufficiently account for all the visible effects. Still, if we do admit the production of a large quantity of electricity by the bursting of a shell, this is no proof that it accompanies a cannon-ball or a shell previous to bursting. At the siege of Gibraltar, General Elliot had the cockade cut off the side of

hat by a shell, and was not in the smallest degree injured. Where was the electricity? Dr. De Butts was guilty of a great oversight when he mistook the light from the burning fuse of the shell for an electrical phenomenon. A very intelligent physician, at present residing in this city, assures me that Dr. P. is once more mistaken, in saying that Dr. De Butts informed his class that the light could not proceed from the burning fuse, inasmuch as it was not visible until the shell had advanced one third of the distance towards its object. His recollection is, that the doctor stated that the light was visible as soon as could be expected, when the smoke of the discharge was taken into account. But be this as it may, we must regard the light as having been given off by the burning fuse, which body we know is luminous when in a state of combustion, until it can be shown, that cannon-balls, where there is no fuse, are surrounded by a halo of light, of which we as yet have no account; and until we have a method pointed out to us, by which we can distinguish the light of the fuse from that caused by electricity.

Reflecting farther upon this subject, I have no doubt that many men die, during battles, especially in hot weather, from exhaustion, produced by terror and excessive fatigue. At the battle of Monmouth, the latter part of June 1777, nineteen British soldiers were found dead around a spring, without a wound. The heat and the cold water were here associated. If these men had walked to some distance from the spring before they fell, their cases might have been quoted as instances of *wind-contusion*. Nevertheless, that a force sufficient to injure fatally some of the viscera may act upon the trunk of the body, and leave no external mark, is proved by the case of lacerated ilium narrated in my former paper. I have also seen the right lobe of the liver torn half through, causing death in twenty-three minutes, by a fall from the fore-topsail yard, the right hypochondrium striking the top of the ship's bulwarks, and no external wound or bruise was visible. What may be the relative proportion of deaths from these two causes to which I have referred, it is impossible, in the present state of our knowledge, to say.

## ART. II.—TRACHEOTOMY—REMOVAL OF A PEBBLE FROM THE AIR-PASSAGES.

BY J. LUKE, ESQ., OF LONDON.<sup>1</sup>

John Tyler, æt. 9, admitted February 6, 1833, from the country, reports, that having been subject to a pain in the right side, he was recommended to keep a stone in his mouth, and about a month ago it slipped into the trachea. It caused, at first, great pain over the right mamma, and on the right side of the chest, and violent attacks of cough and dyspnoea, with acute inflammatory symptoms, for which he was leeches, blistered, and purged, with considerable relief. An attempt was made in the country to remove the stone, by suspending him in the inverted position, but it nearly produced asphyxia.

He says that at present he cannot walk a mile without stopping, or even lying down, several times, from the violence of the cough induced; and his mother reports that he has frequent paroxysms of suffocating cough, especially at night.

He is a stout, strong-built little fellow, of a florid complexion, which becomes frequently purple after the attacks of cough. The clavicles are raised considerably even in ordinary respiration, and apparently all the assistant muscles of respiration brought into play, producing a slight general

<sup>1</sup> London Medical Gazette, May 12, 1833, p. 296.

heaving, and a throwing back of the shoulders at each inspiration. voice is slightly *cracked*.

On examining the chest, a very loud sound is heard on inspiration less distinctly on expiration, a little above the right mamma. It much at different times, both in character and intensity, sometimes being a steady sibilous râle; at others, excessively tumultuous, and resembling the sonorous râle. The respiratory murmur is considerably obstructed in the lower part of the lung, and is masked by the râles. On the left side there is a much slighter wheeze, and the respiratory murmur throughout the lung is puerile.

The sound of the voice is very loud and distinct in the situation mentioned, on the right side.

The sound produced by coughing is very peculiar. It resembles a sudden and violent click of a valve; and gives one the idea of a globule of hardened mucus being very suddenly stopped in its progress upwards by the closure of the rima glottidis. It is attended, as the boy tells us, by a feeling of suffocation; and there is occasionally to be heard a croupy inspiration following it. The boy says that he feels some relief to move when he coughs.

Sunday, Feb. 11th.—A consultation of the surgeons was held on Monday last (8th), but the boy not having had since he came into the hospital any urgent symptoms, it was agreed to watch the symptoms for a few days longer. On Friday night he had a very severe fit of coughing of nearly an hour's duration; and a consultation was held to-day, and attended by the physicians; but in the absence of more urgent symptoms nothing was decided. The sounds are at present much as when he came into the house.

Wednesday, Feb. 21st.—During the last few days considerable alteration has taken place in the character of the sounds. The sounds heard over the right mamma are certainly not quite so loud, nor so tumultuous, but the sounds over the left side are much louder, and in fact there is scarcely any difference between the two sides. The respiratory murmur is now masked by the râles on both sides of the chest. There is now, however, excessive noise in the trachea, and the same valvular click is heard on coughing, in the situation of the larynx, (which should have been mentioned before as its present seat.) As it appeared from this that the disease was extending, it was agreed on all hands that there was no reason for delaying the operation.

Friday, Feb. 23d.—The operation was this day performed by Mr. [Name]. The boy was placed on the table in a semi-recumbent posture, the shoulders brought forward and the head held backwards. An incision, one and a half inch long, was made through the skin and fascia, extending from the sternum nearly to the interclavicular ligament: several layers of the pleural membrane, and the isthmus of the thyroid body, were divided, and an inch of the trachea exposed. These little vessels, which bled freely, were tied, and a delay of about ten minutes now took place, in order that all bleeding might cease before the trachea was opened. The trachea was then divided from above downwards, to the extent of nearly an inch. The boy at once turned over on his side, towards the edge of the table. The clicking of the stone was heard loudly, and violently, during the coughing which the opening had induced; but as the opening did not seem sufficiently large to allow of its exit, Mr. Luke proceeded to cut out a portion of the trachea on one side of the incision. The stone, with the removed portion of trachea, was instantly blown out with considerable force, and to a considerable distance, by a violent cough. The boy at once recognised the stone, which he had put into his mouth, and seemed much pleased at the result of the operation.

All oozing of blood having ceased, the wound was carefully strapped, and the boy placed in bed, supported nearly upright by pillows.

The stone was a transparent yellow pebble of somewhat of the shape of a kidney-bean, nine sixteenths of an inch in length, and seven sixteenths in breadth.

Evening, 9 o'clock.—The boy has not had a single fit of coughing since the operation, and is now quietly asleep, no air having come through the wound. He had fortunately taken a hearty meal before the operation, and has not required to be disturbed since.

24th.—Has passed a tranquil night, and slept a little: has not coughed since the operation. Pulse natural; face pale, but without any expression of anxiety. On applying the stethoscope to the chest we found that all the unnatural sounds had entirely ceased<sup>1</sup> on both sides of the chest, and the respiration might be described as *perfectly natural*. No air has come through the wound. Bowels confined. Ordered a senna draught.

25th.—To-day he is flushed; pulse is quick, and skin hot and dry; wound dressed and looking healthy, though no union has taken place.

Ordered to leave off milk, and take saline medicine with antimony.

26th.—Febrile symptoms relieved, and he is altogether doing well.

On the next day or two he had a little cough, (owing to a cold caught by the window having been left incautiously open,) and a slight return of the wheezing. Small quantities of air and of mucus passed through the wound till about the 3d of March, but the wound gradually closed, and by March 12th was healed over.

### ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

CLINIQUE OF DR. DUNGLISON.

REPORTS BY ALEXANDER M. VEDDER, A. M., ONE OF THE SENIOR RESIDENT PHYSICIANS.

#### 1.—*Gangrene of the Lungs supervening on Phthisis Pulmonalis.*

Margaret W., æt. 33 years, entered Women's Medical Ward, No. 2, July 4th, 1838. M. W. has been a patient in the Lunatic Asylum for about one year. Her health was good until two months before her entrance into the medical ward. At that time she was observed to have a slight cough. One week since her cough became more severe, so as to confine her to bed; her strength and appetite failed at the same time. She is the mother of two children; one of them died a short time since of pneumonia, the other is a healthy boy.

At her entrance she had considerable fever, great heat of skin, great dyspnœa, with paroxysms of coughing so violent as to threaten suffocation. She was bled to six ounces, which relieved the dyspnœa, and suspended the paroxysms of coughing. The following mixture was then prescribed:—  
R. Syr. ipecac. ʒss.; tinct. opii camph. ʒss.; mucil. lini ʒv. Sumatur cochleare magnum secundâ quâque horâ.

On the 6th of July the expectoration and breath became fetid.

*State: July 8th, 1838.*—Emaciation evident but moderate. Lies with her head elevated; expression of anxiety; nostrils dilate during inspiration; face slightly flushed; tongue red at the centre, white at the edges; respiration 60 per minute, high and abrupt; breath very fetid; cough loose and frequent. She swallows the greater part of her expectoration; the part expectorated is dark-coloured, and of a gangrenoid odour. Appetite nearly lost; thirst moderate; no vomiting or diarrhœa; skin hot and dry; pulse 138, small and quick. Both feet œdematous.

*Chest: anteriorly, on the left side.*—Respiration is cavernous under the clavicle at its internal margin; bronchial, externally. Inferiorly, abundant sibilant and sonorous ronchi, with signs of bubbles of mucus. Vesicular murmur feeble. Pectoriloquy in the infra-clavicular space.

*Right side, anteriorly.*—Respiration cavernous, with gurgling under the

<sup>1</sup> A remarkable illustration of the rapidity with which chronic inflammation ceases, when the cause is removed.



clavicle. Pectoriloquy is here marked. Inferiorly, sibilant and ronchi.

*Percussion: left side, anteriorly.*—Flat below the clavicle to the rib; rather dull below.

*Right side.*—Percussion flat to the third rib; dull below.

*Posteriorly.*—Respiration on the *left side*, at the summit, bronchial resonance of the voice; throughout the remainder of this side feeble.

*On the right side.*—Respiration cavernous, with gurgling; on the air seeming to pass through a constricted orifice: the splashing fluid can be heard against the walls of the cavity. This character of respiration extends to the middle of the chest. It is rude below the corresponding part there is intense pectoriloquy.

*Percussion.*—Flat in superior half of *right side*; clear below.

*Left side.*—Dull at the summit, and nearly normal below.

*Prescription.*—Addatur misturæ solutionis sodæ chloridi 3 ss.; no diet, with six ounces of wine to be made into whey.

July 10th, P. M.—Dr. Taylor—the junior resident physician of the hospital saw the patient this evening, and reports her condition as follows: oppression; strength less; skin above natural temperature; pulse feeble; respiration 56, high, laboured, and interrupted by coughing of the same fetid character.

On the morning of the eleventh, at the visit of Dr. Dunglison, she was evidently moribund; breathing extremely difficult and abdominal distension covered with a cold clammy sweat; extremities cold; pulse scarcely perceptible at the wrist; countenance anxious; yet her mind was active and the amount of her intellectual manifestations about as usual.

She died about one o'clock, P. M. Unfortunately permission could not be obtained to examine the body.

Gangrene of the lungs, although a rare disease in private practice, is not uncommon in this hospital—two or three cases occurring during the course of a year. It need scarcely be said that gangrene in so important a situation is almost necessarily fatal; still, now and then well-marked cases are met with which terminate favourably. Within the last nine months four cases have presented themselves in the wards of this hospital, all of which terminated fatally.

A. M. V.

## 2.—Gastro-Enteritis—Neuralgia.

Mary Branagan, æt. 22, entered the hospital on the 14th of June, 1838, a native of Ireland. In America five years. Widow for four months. Has had five children; none living. In her first three pregnancies, premature labours at seven months. In the fourth, aborted at four months. The last went to the natural term, in August, 1837. Enjoyed good health until twelve months since, when she became subject to pains in the abdomen. The catamenia regular until the month of February, 1838. The head was not constant. Had "flying pains," but no nausea or vomiting at these times. The pain in the head continued at intervals for four months from the commencement.

About the 15th of May, 1838, the present disease began; had then soreness in the epigastric region; took no exercise, constantly sewing from sunrise to 10 o'clock at night. The pain in the epigastrium gradually became more and more extended, occupying nearly all the abdomen, extending over the inferior half of the thorax anteriorly. Two weeks after her entrance she could scarcely stoop.

About the same time (May) was taken with "smothering and fluttering" at the heart. The cephalalgia continued. Pain in the back, which began two weeks before entrance, increasing. No pain in the limbs. Slept but little at times, especially for the last two weeks. Appetite but little diminished. Has not lost flesh. Cutaneous transpiration about as in health.

rather costive. For the last four weeks she has been scarcely able to do any work; has been confined to her bed for two weeks. Never had any difficulty in moving her limbs, but has had cramps in the arms. Subject to a mist before her eyes for twelve months.

*Present state, June 16th, 1838.*—Expression of languor; face slightly flushed; cephalalgia; tongue white, shining, moist; appetite moderate; thirst about natural; no cough; palpitation during the day; pain and tenderness on pressure throughout nearly the whole abdomen; soreness of the epigastrium; complains now of pain in the small of back; no pain in the extremities, but at times cramps in both fore-arms, lasting a few moments only; the spine is so tender throughout its whole extent that the patient can scarcely bear to have it touched—when pressed, the pain is invariably referred to the termination of the nervous trunks; the pain in abdomen sometimes of a shooting, lancinating character; no nausea; pulse 72, regular, small. This morning took a cathartic, and was cupped over the abdomen; no relief followed these remedies. Bowels regular.

*Applicentur cucurbitulæ cruentæ viii., et cucurbitulæ siccæ vi. Regioni spinali.*

June 17th.—Felt no relief after the cupping until this morning; pains in the abdomen now less; in back as before: the pain there “goes and comes,” and is most severe in the small of the back; feels a burning pain in the palms of the hands and soles of the feet; no cephalalgia; slept tolerably well, but not so well as the night before. No treatment.

June 18th.—Much the same; tongue still exhibiting gastric irritation.

*R. Pulv. rhei gr. x.; magnes. carbon. gr. xv.; fiat pulvis statim sumendus.*

June 19th.—Feels better, but is weak. Is now sitting up, and walks about. Pain in the back much diminished—still feels a little sore, and she thinks from the cupping. Pain in the abdomen has nearly ceased; still a little in the breast, for which dry cups were applied to the region of the spine—the pain was less after the cupping; sleeps well; appetite improved; felt a little giddiness after eating; palpitation at times—not less than at entrance; seems more lively; tongue clean; no thirst; sweating at night, especially of the hands, feet, and back; no cramps to-day in hands; burning sensation has ceased; no cough; spinal tenderness much less; no abdominal tenderness. No treatment.

June 21st, P. M.—More gay; strength increased; no pain in the abdomen; none in back or head. On the 20th she was cupped on the nape of the neck for giddiness, which was relieved. Sleeps well; no palpitation; bowels open; no cramps in the hands; no unnatural sensation in extremities; appetite good; feels better than she has done at any time for the last three months. Discharged June 22d.

P. S.—July 14th. The patient has been employed in the children’s asylum as an assistant, since her discharge, and has continued entirely well.

A. M. VEDDER.

#### ART. IV.—FECULA OF THE SAW-PALMETTO, USED BY THE INDIANS AS FOOD.

We are indebted to the gentleman to whom it is addressed for the following letter from General Smith. Mr. Roberts has also favoured us with specimens of the flour, the colour of which sufficiently indicates its impurity, and will doubtless account for the unwholesome effects it is said to induce.

It is an impure starch prepared after the method described in the following letter:—

Philadelphia, July 14

Charles Roberts, Esq.

Dear Sir,—I beg you to accept a quantity of a flour used by the S. Indians of Florida as food.

This flour is made from the root of the saw-palmetto, and has been used by the Indians since its discovery, within about eight years, as a substitute for a much better article of food made from the arrow-root. The latter is only found on the eastern coast; the saw-palmetto covers nearly the whole territory south of latitude 28°, where it is not under water. The flour made from the arrow-root is called *coontie*; this and another substitute made from the root of the India-brier, usually bear the same name.

The root of the saw-palmetto lies generally on the surface of the ground, shooting down its fibres from the under side, and one end into the earth. The other end turns upwards, and from it proceed the dentated stem-leaves; these generally shoot quite close to the ground, but often the leaves of older plants, a stem from two to eight feet long, apparently of the same nature of the root, and a continuation of it, intervenes between the root and the leaves. This stem is the part chosen for their food, and is generally from four to ten inches in diameter.

The outer part, which is always found scorched by fire, is cut off, and the remainder chipped up as log-wood is for the dyer. The chips are put in a mortar cut out of the nearest log of hard wood found lying on the ground, with a pestle about six feet long, and then passed through a sieve made of strips of palmetto leaves—a fabric similar to that of the "straw hats" sold here—the coarser fibres remaining are thrown away.

A piece of cotton cloth—generally a cotton handkerchief—is then stretched over its corners, at about three feet from the ground, to stakes set in the ground about eighteen inches apart; underneath and near the ground a deer-skin is tied to the stakes in the same manner, its corners gathered so as to form a bag to hold six or eight gallons of water. Into the upper cloth is put the quantity of that part of the root passed through the sieve, and water is poured upon it by one person while another stirs it around and mixes it up with his hands. The water passing through the cloth carries with it all the farinaceous particles, and is received in the deer-skin below. When the deer-skin is full the flour is allowed to settle, and a starch-like substance is deposited, which is then poured off.

After throwing away from the cloth the residue left in it, it is washed and replaced, and the deposit left in the deer-skin removed to it; water is then suffered to drain completely. It is then spread out on a dry skin on the ground, and all the lumps are broken and thoroughly dried; it is then packed in bags of dressed deer-skin ready for use.

It cannot well be made into bread, but is used in a kind of porridge or thickened soup, if they have meat. It is sometimes, also, fried as cakes.

The Indians do not consider it a wholesome diet,—it is productive of indigestion and bowel complaints.

The whole labour of gathering the root and preparing the flour, is done by the females, and is considerable, from the force necessary in pounding it in the mortar.

There is a difference of colour in the two parcels I send you. The one from which the whiter flour was made were drier than the others.

Your obedient servant,  
PERSIFOR F. S.

## BIBLIOGRAPHICAL NOTICES.

*Thompson on Prolapsus Uteri.*<sup>1</sup>

Prolapsus uteri, of which the pamphlet before us more especially treats, is an affection which, unfortunately both for patient and physician, is but of too frequent occurrence. Met with at nearly all stages of life, and not exclusively confined to married females, it would not, we think from our own experience, be assuming too large an estimate to say, that at least one half of all married women, who have borne several children, suffer from it in a greater or less degree, and often without a consciousness of the real cause of their ailment. This affection is apparently much more prevalent now than in former times. But the seeming increase is owing to a better knowledge of the disease, derived from the investigating spirit of physiological medicine, which teaches us to isolate from the mass of disturbed organs the primitive focus from which the morbid impressions have radiated. Hence the physician is now able to trace in females a great majority of the nervous and hysterical paroxysms; of the dyspeptical caprices of the stomach, neuralgias of the spine, &c. &c., to a prolapsus or other lesion of the womb. From our own experience on this subject, and from repeated observations made with the speculum on the living subject, we should be inclined to say that prolapsus in its early stages is often more productive of disturbance in the nervous plexus of the abdomen, and is more apt to give rise to an irritable condition of the neck, than when it has farther advanced.

This appears to us to be owing to the connection of the uterus with the curved vagina, being such in consequence of the intestines and projection of the sacrum behind it, that the line of its axis, if extended downward, would pass through the posterior wall of the vagina, directly upon the rectum. It is in this direction that prolapsus must in the first instance take place, and the speculum has repeatedly shown it to us, with its neck buried as it were in a fold of the anterior wall of the rectum, carrying the vagina before it. The weight of the uterus, the passing of hardened feces in the rectum, causes an irritated and often inflamed condition of the neck, while the nerves of the rectum themselves suffer. As the prolapsus progresses, the axis of the uterus corresponds more and more with the vagina, the neck has no longer so fixed a resting-place on the rectum, and the suffering is for a time diminished, or its place supplied by an obtuse sense of weight in the pelvis, pains in the loins and back, from the pressure and disturbance of the hypogastric and sacral plexuses of nerves.

The causes of this affection are in most respects well portrayed in the pamphlet before us,—such as the feeble support which the uterus naturally possesses, tight lacing, &c. &c. But that which we are led to believe a more common cause than all the rest, is not only overlooked but a misstatement made in regard to facts. We allude to too early rising after labour. Dr. T. asks what constitutes too early rising, and says in a very few days after labour the uterus resumes its natural size. The fact is otherwise, as is well known to pathologists; and Boivin and Dugés, in their most instructive work on the diseases of the uterus (which it would be well for our author to read), have laid down four weeks as the usual period required for the uterus to be diminished to nearly its former size; a much longer under adverse circumstances being often required. With the supports of the uterus weakened by the process of parturition, and its bulk and weight increased, we would say that prolapsus must be likely to ensue, especially in females of delicate constitutions and lax fibres, if they assume their active occupations much before the period which nature seems as above to have

<sup>1</sup> A Treatise on the Nature and Cure of Prolapsus Uteri, and other affections of the Pelvic Viscera. By R. Thompson, M. D. 12mo, p. 38. Columbus, Ohio.

marked out. That it may be and is often done with impunity, is exception to a more general rule.

For the cure of prolapsus, pessaries of almost every form, dimensional material, have been used in order to compel the uterus by physical means to retain its proper position until the utero-sacral ligaments, and other supporters of the uterus, may contract so as to exercise their proper office. These instruments relieve generally, and even cure occasionally, though there be no doubt; but the results of their employment have been but little satisfactory to the physician, and the *modus medendi* has little to recommend to the patient. We agree with Dr. T. that it is the vagina, and its attachments to the rectum, that form the principal support to the uterus, a permanent forced dilation of the vagina, by means of the pessary, an unnatural state of the parts; and we believe that quite as much good, more, in many cases, is to be expected by the use of such an instrument as he describes, which allows the walls of the vagina to come in contact. His plan consists in an ingenious and convenient modification of the T bandage, much the same, except in regard to material, as has been manufactured in this city by a female, and used for several years past with success in many cases. It consists of a cushion to the sacrum, a piece of leather to the hypogastrium, and two pelvic bands fastened with elastic webbing. From these proceed two straps along each side of the pelvis and fastened to the cross bands in front and back. We have no doubt that this would in many cases render patients more comfortable, and prevent the protrusion through the vulva, and that a palliation of suffering in most it will be likely to effect. The author tells us that he has made this his invention, and entered into a business arrangement with Messrs. French and French, under the firm of Cutler, French & Co., for the purpose of its manufacture. Without wishing to contest the originality of the instrument of Dr. T.—though his instrument does not fulfil one single indication better than that made by Mrs. B., of this city,—we much doubt the moral of a professional man to confine to the narrow sphere of his own private interest any thing that he may deem beneficial to his race, whilst he gives his entire stock of medical knowledge to the free and unreserved use of the imitations of distinguished physicians of all ages, scattered with the open market of science, and for which he has made no adequate return.

#### *Hooker on the Relation between the Respiratory and Circulatory Functions.<sup>1</sup>*

This is an interesting essay on a subject to which our own attention of late years been directed, but which is usually, as Dr. Hooker says, but little heeded.

The main conclusions to which the author has arrived, and which are worthy of attentive examination and investigation, are comprised in the following concluding summary.

"The preceding essay, it is believed, establishes several important physiological principles, affording valuable diagnostic and therapeutic indications which hitherto have been but slightly noticed, or wholly unknown. The indications of the pulse have received much attention; but the variations of the respiration have been little attended to, and the relations between the respiratory and circulating functions have been almost wholly neglected."

"The comparative frequency of the respiration and the pulse is determined, which from constant observation, during a period of several years

<sup>1</sup> An Essay on the relation between the Respiratory and Circulating Functions. Charles Hooker, M. D. Read at the Annual New Haven County Meeting of the Connecticut Medical Society, April 12, 1838. Republished from the Boston Medical and Surgical Journal. 8vo, pp. 47. Boston, 1838.

ascertained to be 1 to 4½, has not been commonly observed; and most of the indications afforded by *variations of this ratio* have been altogether overlooked.

"A disproportionate *increased* frequency of the respiration has been shown to afford the general indication that there is some impediment to the respiration; which may be owing to—A, *Disorder of the lungs or air-passages*, as pneumonitis, phthisis, œdema of the lungs, or any affection of the lungs which prevents a portion of them from being freely permeated with air, or any disorder of the bronchia or bronchial membrane which impedes the communication between the air and the blood within the lungs: or, B, *Some mechanical impediment* to the motions of respiration: or, C, *Imperfect function of the organic nerves* of the lungs.

"A disproportionate *diminished* frequency of the respiration, which indicates a *want of energy in the nerves which control the respiratory motions*, has been shown to be common in typhus fever, and in many other diseases.

"The pathological effects of imperfect aeration of the blood, which had been treated of by Bichat and some subsequent writers, but which they scarcely noticed except as immediate precursors and causes of death, I have observed to be manifest through the progress of typhus fever, and many other diseases. What is commonly termed *congestion in the brain*, I have endeavoured to show is simply a deterioration of the blood caused by this imperfect aeration, a prominent example of which occurs in the disease termed congestive typhus. The effects of this imperfect aeration, depending upon disordered function of the different nerves concerned in respiration, have been traced in various diseases.

"The common occurrence, and the injurious effects, of this imperfect aeration of the blood suggest the important general *therapeutic indication to remedy deficient respiration*. The medicinal agents are detailed which aggravate deficient respiration, by increasing the circulation, or by diminishing the respiratory function.

"The use of remedies, with a view to *promote the arterialisation of the blood*, it is believed, has never been distinctly treated of by any author, as a prominent object of medication. Though my first class of these remedies—those which diminish the action of the heart and arteries—have been commonly known to possess this power over the circulation, still they have not been commonly employed with the view—a view which I consider as highly important in many cases—to obviate a disparity between the respiratory and circulating functions. The second and third classes of remedies—those which excite and invigorate the motor respiratory nerves, and the arterialising nerves of the lungs—have rarely, if ever, been recommended for those particular purposes; though I think it will be obvious to my readers, that many of the known valuable effects of these remedies are owing to such operations. The other three classes—4th, Ventilation; 5th, Remedies which obviate mechanical impediments to the respiration; and 6th, Remedies which excite secretions vicarious of respiration—though their general effects on the respiratory function have been known, have not been commonly employed for the distinct purpose of obviating deficient aeration of the blood.

"In short, the general subject of the pathological relations between the respiratory and circulating functions has received little, very little attention. The writer hopes that he has at least shown the subject to be deserving of investigation."

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*Quotidian Intermittent cured by Ligature of the Limbs.*—The following case is extracted from the Reports of the Hôtel-Dieu, of Paris, and is copied into a late French journal.<sup>1</sup>

A shoemaker, aged 16, of a lymphatic temperament, had been affected for

<sup>1</sup> La Lancette Française, Dec. 19th, 1837.

about a month with quotidian intermittent. At first the paroxysm at 10 o'clock, but subsequently took place an hour later, lasting for three hours, the cold stage only being present.

After having been subjected to the use of sulphate of quinine, in the form of eight grains, for four days, without preventing the recurrence of the paroxysm, this remedy was, at the suggestion of M. Petit, administered in the form of injection—a mode of administration which that gentleman, for more than fourteen years recommended in his clinical lectures, and which having been witnessed by him on a great many occasions.

The following are the indications which he has laid down:—

Those relating to the administration of the sulphate of quinine are—

1st. That it should be administered in injection, within twenty-four to thirty-six hours after the paroxysms; indeed the sooner the better.

2d. That the quantity must vary according to individuals, depending on the fever, age, &c.

3d. That it should be combined with opium; as its action is thereby rendered to be more efficacious.

4th. That the injection of sulphate of quinine should be preceded by a simple injection, so as to empty the large intestine.

5th. That it should be injected gently, in order to allow the intestine to become distended, and consequently to proceed further, thus permitting the liquid to come in contact with a more extensive surface of the mucous membrane, and to facilitate and increase its absorption.

The second indications relative to the organism are,—

1st. That the administration of sulphate of quinine by the rectum should not be had recourse to whenever any irritation exists in the large intestine.

2d. When there is diarrhoea or inflamed hemorrhoids.

3d. That it must not be used in individuals who cannot retain an injection.

The advantages of this mode of administering the sulphate of quinine by the mouth have been also appreciated by M. Petit, and relate both to the medicine and the state of the organism.

With respect to the first we may say,—

1st. That the disagreeable taste of an extremely bitter medicine is thereby obviated. This advantage is especially remarkable with children.

2d. That according to M. Petit, the sulphate of quinine on the stomach may undergo alteration through the influence of the gastric juice or alimentary matters, even under some unknown vital influence. According to his own observations, this therapeutic agent, administered by the *primæ viæ*, does not always act so powerfully as when given by the rectum, in which it experiences no change.

As to the second advantages relating to the organism, M. Petit observes—

1st. That sulphate of quinine cannot be administered to individuals affected with gastritis without exposing them to great dangers, as these are more numerous than in the large intestine.

2d. That this remark is applicable to those with a very irritable stomach and large intestine.

Such are the results obtained by M. Petit in the space of twenty-four hours. The following is the injection used by him:—Sulphate of quinine, twelve grains; syrup of white poppies, half an ounce; water of marshmallows, four to six ounces.

The patient whose case affords an opportunity of showing M. Petit's plan, was not benefited by either of the two modes of administration.

M. Petit proposed ligatures to the limbs at the very commencement of the paroxysm.

The first trial was made on the 30th of November; the paroxysm occurred at 11 o'clock in the morning; four ligatures being placed on the limbs on the lower part of the arms, and the other two at the inferior parts of the thighs.

They were so fixed by means of bandages as to cause a compression on the brachial and crural arteries.

The shivering ceased almost immediately.

The next day the paroxysm returned and was arrested in the same way; it appeared once more and was again arrested. He recovered.

*Development of the Generative Organs.* By M. COSTE.<sup>1</sup>—M. Coste has made some observations on the development of the generative organs in the sheep and human species; which, if correct, add much accuracy to the knowledge hitherto possessed of the analogies of the different organs in the two sexes. The following is the substance of his description:—In the fœtal lamb, at a certain period, the external organs of generation consist of, 1st, a central asperity, or elevation, immediately below the anus, marked by a transparent line in its whole length; 2dly, a slight fold of skin, forming a corona round the base of the eminence; 3dly, two rounded eminences, placed one on each side of the fold of skin, and a little anterior to the base of the asperity. This median transparent line is not yet the orifice of a canal, but is only a groove leading to the common orifice of the bladder and uterus in the female, and of the bladder and vesiculæ seminales in the male, as in the tortoises. In the latter, its edges growing downwards, soon meet and unite, so as to form a complete canal, the urethra, which elongates as the body of the eminence grows, and forms the penis. In the female, the sides of the groove do not unite so soon, but continue to grow so as to surround the increasing common aperture of the genital and urinary organs; and they thus form, in women, the labia minora, and in ewes, by uniting the orifice of the vulva, while the eminence above and between them is developed into the clitoris. The coronal fold of skin is in each case developed similarly, but in different proportions; in the male forming the preputium penis, in the female the preputium clitoridis. The permanent openness of this groove in man is, of course, the cause of hypospadias.

The two rounded eminences by the side of the fold, which is afterwards developed into the prepuce, continue to grow, and as it is carried on with the penis, they approach each other, and at last unite below it, forming the scrotum in the male, which is, indeed, completed before the testicles have acquired their true sexual character. In the female they enlarge in the same manner, but here the eminence forming the clitoris, instead of advancing as the penis does, rather retreats into the vagina; so that it becomes more or less covered in front by the enlarged lateral eminences, which now form the labia majora, the analogues of the scrotum.

*Efficacy of Acetate of Lead in Metrorrhagia.* By DR. EICHELBERG, of Wesel.<sup>2</sup>—Dr. Eichelberg has confirmed the efficacy of acetate of lead, which has been so much recommended by English and American physicians, not only in metrorrhagia consequent on accouchement, but likewise in its chronic forms. Whenever used by him, much time had previously been occupied in the employment of other means without benefit. In two cases, among others, the patients had been enfeebled from loss of blood to such an extent as to endanger their existence. The remedy was administered in doses of from two to three grains, combined with one quarter of a grain of opium, taken every three hours. In some cases a few doses were sufficient; in others it was requisite to continue the medicine from two to three days, so that one patient took as much as one dram of the acetate in sixty hours. Dr. Eichelberg, in five patients treated by him, did not observe the slightest pernicious effect from it, either during its employment or subsequently.

<sup>1</sup> London Medical Gazette, May 12, 1838.

<sup>2</sup> Wochenschrift für die gesammte Heilkunde, No. 4, 1838.



**Fatalism.**—The doctrine of fatalism, which discourages all human effort by referring all events to immediate supernatural agency, is not confined to the East. The natives of French Guiana refer all their misfortunes to an evil spirit called Manetou, whose will it is held vain to resist. When one furnished a crutch to a boy whose leg had been amputated, his answer was, "Manetou has taken my boy's leg, let him teach him to walk," and broke the crutch in pieces. "It is the will of Manetou that he should die," said an old chief, and he refused all assistance.

**Puncturation of the Bladder.**—A person, twenty-five years of age, addicted to onanism, had the imprudence to pass a finger-ring over the urethra so as to include two thirds of its length in the ligature. He went to bed, and on waking made an urgent attempt to urinate, but unsuccessfully. Swelling followed, and no relief was obtained for several hours. Calling in the surgeon (Lorey, of Dijon) found the patient with dry, altered countenance, pain in abdomen. The bladder was punctured with a needle, and relief followed. The ring was reached with much difficulty so as to insinuate it into the corner of a card beneath it, and then severed with the forceps. Relief followed after some days.<sup>1</sup>

**Abscess containing Hair.**<sup>2</sup>—In a patient suffering with secondary syphilis, a hard, painful swelling, of the size of an almond, developed itself four inches above the ankle, where it softened and then discharged a purulent pus and a mass of hair. The abscess was smooth and serous on its internal surface.

**Intermittent Ophthalmia cured by Quinine.**<sup>3</sup>—The patient, sixty years old, contracted catarrh, which soon assumed a periodic character. The paroxysm began daily at daybreak, with coryza and headache, followed by redness, weeping, and pain of the right eye; then regular attacks at 8 A. M.; sweat at noon. The conjunctiva of a deep red, and the arteries of the face pulsated strongly. The pain gradually abated in the afternoon. Venesection, darkness, cataplasms, rest, diaphoretics, and leeches continued for a month, afforded some relief; but the disease at length appeared to yield to quinine, given in the dose of two grains, at intervals of three hours, and continued for two days.

**Philadelphia Dispensary.** Dr. Warrington, Physician-Accoucheur. Since the appointment of Dr. Warrington as accoucheur to the Philadelphia Dispensary, in June, 1837, forty-one women have been safely delivered of their infants, on account of this and other existing charities. The infants, nineteen were boys and twenty girls; two boys were stillborn. Two cases required the forceps and one the crotchet.

All the women recovered after parturition.

There was one case of pure peritonitis, two of metritis, and several cases of uterine congestion with exalted sensibility.

In one case the edge of the placenta was implanted upon the neck of the uterus occasioning hemorrhage. One case of adhesion of the membranes to the posterior parietes of the uterus, requiring separation by the introduction of the hand. In one case the placenta was retained three hours after delivery, another two hours, before traction was made upon the cord, or any assistance given for the purpose of delivery.

In one case it became necessary to rupture the membranes to enable

<sup>1</sup> Rev. Méd. Oct. 1837.

<sup>2</sup> Gaz. Méd. 30 Sept. 1837.

<sup>3</sup>

uterus to contract upon the *fœtus* before efficient labour could take place,—the patient having been subject to convulsions in her former labours.

Of the two still-born children, one was delivered by the forceps and the other by the crotchet. The mother, in the forceps' case, recovered rapidly from a short attack of peritonitis; and the subject of the crotchet delivery, experienced no inconvenience from a protracted labour except an attack of the then prevailing disease (fever), from which she recovered under ordinary treatment of cups to the head and repeated purgatives.

Twenty-four cases of the first position of the vertex, three of the second, one of the fourth, which became spontaneously connected with the first, and one case of knee-presentation, were recognised; in the other cases delivery was too far advanced to make it an object to determine the position.

Twelve pupils have been in attendance upon Dr. Warrington's course of practical instructions in obstetrics at the Philadelphia Dispensary; each of these has had the opportunity of attending from three to four cases, either in conjunction with the accoucheur, or has had them placed under his own care, calling in the aid of the accoucheur whenever he deemed it necessary.

These instructions, we learn, will be resumed in the first week, of September, and continued twice each week for four weeks.

*Luxation of the Thigh, dating seven months and a half; attempt, at reduction; fracture of the bone during the operation.*<sup>1</sup>—An opinion generally prevails amongst surgeons that no attempt should be made at reducing a luxated limb, when two or three months have elapsed since the receipt of the accident. It is, however, certain, that luxations of a much more ancient date have been reduced, and pathological anatomy shows that in some cases of dislocation of long standing we may attempt reduction with considerable hope of success. Thus, for example, the head of the bone may have been forced through a simple laceration of the fibrous capsule; here, the articulating extremity of the bone, although displaced, is still connected with the capsule, which continues to secrete synovia, and does not become completely disorganised. The reduction of old luxations requires the employment of very considerable force, and accidents sometimes occur even when the mechanical means resorted to have been directed by skilful surgeons. An accident of this kind lately befel M. Malgaigne, at the Hospital of La Charité.

A lad, seventeen years of age, was admitted into the hospital with incomplete luxation of the thigh, upwards and outwards, which dated seven months and a half; the injured limb was not much deformed, but there existed a distance of half an inch between the head of the bone and the cotyloid cavity. For several days weights, gradually varying from ten to thirteen, twenty-four, and forty-five kilog.,<sup>2</sup> were attached to the extremity of the injured limb, for the purpose of extending or breaking any cellular bands which might retain the head of the bone in its abnormal position. Two thirds of the distance between the head of the bone and its cavity had been thus accomplished, when more powerful means were had recourse to. A lever was firmly attached to the outer side of the thigh, and the extending force carried to an equivalent of two hundred kilog., but afterwards reduced to one hundred and forty; the head of the femur was now brought down on a level with the acetabulum, the extending force suspended, and the two assistants having bent the leg on the thigh, were directed to rotate the latter from without inwards; during this manœuvre the femur was broken across at its lower third.—*French Lancet, Feb. 3, 1838.*

<sup>1</sup> *Lancet* for March 3, 1838, p. 835.

<sup>2</sup> The kilogramme weighs about two pounds five grains.

*Wound of the Ascending Arch of the Aorta. Spontaneous Cure.* following remarkable case shows to what an extent the curative power of nature may occasionally be carried:—

J. H., 32 years of age, a strong robust soldier of the Bavaria received, in 1812, a stab of a knife, which penetrated the chest between the fifth and sixth ribs. The man fell to the earth without consciousness, and remained there for more than an hour exposed to extreme cold. In this situation he was discovered by Dr. Neil, of Bramberg, who, although the patient seemed on the point of death, thought it right to bring the man to the wound together, and had the man conveyed to the hospital. After the expiration of two or three hours, the hemorrhage continuing abundantly, the man came to himself but could distinguish nothing; he was affected with an incurable amaurosis. After a few weeks the wound healed completely, and the man now left the hospital, and to console himself for his infirmity he himself up to drink, which at length, in 1813, brought on a fatal pneumonia.

On examining the body it was found that the wound traversed the artery completely across, the entrance and exit of the knife being marked by three cicatrices; at the level of one of the cicatrices a solution of continuity was covered in the ascending aorta; it was about a quarter of a line in diameter and closed with firm fibrine. The artery was now removed with forceps and divided internally, when a small cicatrix, corresponding with the external lesion, was discovered in the inner parietes of the vessel, thus proving that the three coats of the artery had been divided by the instrument.

#### BOOKS RECEIVED.

Annual Announcement of the Jefferson Medical College, for the year of 1837-8. 8vo, pp. 16. Philadelphia, 1838.

From Prof. Cabell.—Catalogue of the Officers and Students of the University of Virginia, session 1837-8. 8vo, pp. 24. Charlottesville, 1838.

From Prof. Charles Davis.—Address to the Graduates of the College of Georgia, delivered April 2, 1838. By the Rev. Elijah Davis, one of the Board of Trustees. (Published by order of the Board of Trustees.) 8vo, pp. 11. Augusta, 1838.

[For a notice of this address see a former number of the "Intelligencer."

From the same.—Report of the Board of Health—Return of the number of persons who have died within the city of Charleston from Jan. 1, 1837, to Jan. 1, 1838; with an abstract of the weather for the year 1837.

From J. J. Smith, Jr., Esq.—First Supplement to the large Catalogue of Books belonging to the Library Company of Philadelphia, including the importation of May, 1838. 8vo, pp. 45. Philadelphia, 1838.

Manuel complet de Clinique Médicale et Chirurgicale, et de Anatomie; par des Professeurs agrégés et des Docteurs de la Faculté de Paris; publié sous la direction de P. Vavasour, D. M., Editeur. Augmentée d'une planche d'instruments nouveaux de Chirurgie, et d'une planche magistrale Française et Latine de J. L. Alibert. 12mo, Bruxelles, 1836.

Manuel pratique d'Orthopédie, ou Traité élémentaire sur les moyens de prévenir et de guérir toutes les difformités du corps humain: par M. Mellet, Docteur en Chirurgie de la Faculté de Paris, &c.; avec 12 planches. 12mo, pp. 330. Bruxelles, 1836.

Précis analytique et raisonné du système de Lavater sur les signes physiognomiques, &c. &c.; par N. J. Otton, Ancien Professeur et Pensionnaire de l'Université. 12mo, pp. 444: avec 23 planches. Bruxelles, 1836.

<sup>1</sup> Arch. Général., May 1838, and Lancet, June 9, 1838, p. 363.

## AMERICAN MEDICAL INTELLIGENCER.

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No. 10.

ART. I.—CASE OF IMPETIGO SPARSA, CURED BY THE SULPHUR FUMIGATING BATHS.<sup>1</sup>

In requesting your publication of the accompanying case, I do not seek to excite the interest of your readers by any anomaly in the symptoms. My sole object is, an attempt to increase the notoriety of a remedy which has acted specifically in a class of diseases, I will venture to say, amongst the most intractable ever submitted to the treatment of medical practitioners.

A gentleman, 47 years of age, of a remarkably healthy constitution, and temperate in his habits, has had for the last seven or eight years a very troublesome cutaneous eruption on the legs, but much more severe on the right extremity. An inveterate itching, commencing on the inner surface of the right ankle, was soon succeeded by an intensely bright red diffusive inflammation. With these symptoms, crops of small vesicles broke out, pouring out copiously a perfectly limpid fluid. The pruritus and inflammation speedily extended over a larger surface of the leg, and the oozing from the vesicles became extremely annoying, by stiffening and agglutinating the dressings. The vesicles having evacuated their fluid, assumed the appearance of thin laminated scales of a brownish colour, and were easily removed by the finger. The disorder was doubtless much aggravated by the irresistible habit of scratching with the nails. In no period of the complaint was there any evidence of derangement of the bowels or constitutional disorder. During this stage the symptoms corresponded with the *eczema rubrum* of Willan, or the *dartre squameuse humide* of Alibert, Rayer, &c.; the only difference being that the eczema or dartre very frequently spreads over a large surface of the trunk of the body, whereas the disease in question evinced in no stage of its existence any disposition to climb higher than the knee. To go into minute detail as to the treatment would be superfluous. It must be candidly confessed that the complaint obstinately resisted all the remedies usually adopted. Cooling astringent lotions, warm fomentations, escharotics, mild and stimulating unguents—each had its fair trial, none of them did good, and some produced positive mischief. The only application affording any thing like tolerable comfort were pledgets of linen rag steeped in cold water. The eruption had now taken up a firm position for upwards of seven years, and the patient began to abandon himself to despair, when a striking change took place in the character of the eruptive symptoms. The eruption having hitherto been vesicular, gradually put on a pustular appearance, but no mitigation of the pruritus, nor indeed any perceptible diminution of oozing, although the fluid, instead of being limpid, became purulent.

A consultation was now held with Dr. Green, and he decided in naming the disease impetigo sparsa. The pustules were, if possible, the cause of

<sup>1</sup> London Medical Gazette, June 16, 1838, p. 500.

more violent itching than the vesicles, and various superficial small appeared, probably occasioned by the uncontrollable habit of scratching. The eruption had now occupied the whole surface of the right leg. The ointment composed of unguent. plumbi superacet. 3 ii., with an equal quantity of prepared chalk stirred in while the ointment was in a melted state, produced a cleansing effect, by causing an absorption of the fluid.<sup>1</sup>

After much persuasion the patient now consented to make trial of sulphur fumigating baths; and here the purport of this communication closes itself, in the complete and permanent cure effected by this remedy. It was after the third bath that a decided improvement in the aspect of the leg occurred. By a steady continuation of about three per week, a disease of upwards of seven years' standing has, in the space of five weeks, entirely yielded, and the appearance of the skin is now perhaps, more healthy than it was before the discoloration began. In addition, that scarcely any internal medicines were employed, it is but fair to award the whole merit of the cure to the external remedy. It is to be noted that the blue pill and the liquor arsenicalis were had recourse to for a time, on a slight affection of the bowels occurring a short time after commencing those medicines, they were abandoned, and have never since been repeated.

The unequivocal success attendant upon the use of these baths, prompts me to offer a few remarks upon a remedy not, I fear, by any means generally known, at least not so deservedly appreciated as its merits merit. And it will afford me much satisfaction if the above case, supported as it is by a multitude of others successfully treated by this simple but powerful agent, should be the means of convincing those numerous readers of the Medical Gazette, who may have patients tormented with cutaneous diseases under any form, that they have a remedy—I do not hesitate to say a remedy—at hand. And allow me to support this assertion by referring to what has been doing, and has for some years been doing, in France and Germany, regard to these troublesome disorders, hitherto in England ranked under the *opprobria medicorum*. In France, when any important discovery or invention in medicine gains popularity, it immediately attracts the notice of the government, and every facility is afforded in an investigation of its merits; so that every resource which science can command is put in action to establish the efficacy or inutility of the invention. The thorough investigation as to the alleged curative powers of the sulphur fumigating baths has thus been most satisfactory. In order to form a decision, the French government directed reports to be drawn up by the most eminent practitioners in the various sections in Paris. An expert officer appointed by government presided over each of these commissions, and their deliberations were kept secret from each other. The reports were then handed into a central committee, who unanimously agreed to publish the following report:—

“We have given it our most deliberate attention, and urge that sulphur fumigating baths should be used in hospitals and great establishments.”

“The committee think it their duty not to dissimulate on the advantages of this method, which cannot but be applicable also to the service in camp and the army.”

“Done at a meeting held the 22d August, 1815. Signed—Dubois, Dupuytren, Richerand, Halle, Pinel, Percy, Barons and Professors of the Faculty of Physic, Paris.”

The consequence of this high testimonial has been the establishment of the sulphur fumigating baths in every hospital, prison, and workhouse in Paris—I believe I may add throughout France. So generally employed, that at one hospital alone, viz. that of St. Louis, the ast

<sup>1</sup> If the lead ointment is melted, a larger proportion of finely-powdered chalk may be incorporated. It is a very useful application, and for the formula I am indebted to the kindness of Dr. Green.

number of 190,000 baths were administered in the course of the year 1836. In Germany their value is duly appreciated, and the most eminent physician of Vienna, Dr. De Carro, is using his high influence in their recommendation. By comparing things in our own country, your readers will allow that they manage these affairs better in France. From the great success attendant on their application in a large number of well-authenticated cases in London, it might be justly expected that our most eminent practitioners would be convinced of their high utility, and it cannot be denied that such is the fact, for the baths have been erected in two or three of the London hospitals. However, it is much to be regretted that they have not been in a condition to effect one twentieth part of the good that might be expected. For instance, at St. George's, where, by the instrumentality of Dr. Green, a bath had been fixed, it was at one time allowed to get out of repair on account of neglect in the management. Now a little consideration will show that such a powerful agent should be under the immediate direction and control of an experienced medical officer, and not abandoned to the ignorant hands of a servant. Any one who is in the habit of experiencing the powerful effects of the sulphur-bath, must acknowledge that an opportunity of frequent consultation with an intelligent physician on the spot is quite indispensable. So convinced were the eminent physicians Le Roux, Pinel, Dupuyren, and others, of the importance of the baths being duly regulated, that they refused to sanction the chief apothecary of St. Louis to the office of director, alleging that the superintendence of the fumigatory process should only be conducted by a judicious and enlightened physician. So important does Dr. De Carro view this subject, that he remarks, "you might as well abandon the patients themselves to the employment of blood-letting, mercury, opium," &c.

It is to Dr. Green that we are indebted, not only for a very comprehensive Treatise on Diseases of the Skin, but for his successful exertions in procuring the establishment of the baths at St. George's and other hospitals; and not only common justice to that gentleman, but a higher principle should actuate the management, in taking especial care that the suggestions and advice of Dr. Green, supported as they are by the united testimony of enlightened foreign practitioners, should be strictly followed out.

In conclusion, I have only to observe, that as facts speak for themselves, I make no apology for troubling you with the above case; and if the extensive circulation of the Medical Gazette should be the means of attracting the attention of the medical officers of hospitals, poor-houses, prisons, and other large establishments, to the rational and simple, though powerful, treatment of cutaneous and other diseases, by means of sulphur fumigation, I need not regret having requested insertion to these remarks.

I am, sir, yours very faithfully,  
HENRY RONALDS, M. D.

*Kensington Gore, June 8, 1838.*

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*Boston Medical and Surgical Journal.*—In the number of the Boston Medical and Surgical Journal for Aug. 1, the editor remarks,—"It must have been a mistake in the editor of the American Medical Intelligencer—altogether a mistake—not to have given credit to this journal for the excellent article on Laceration of the Iris, by our correspondent Dr. Davenport, who is one of the best writers on diseases of the eye in the northern states. Had we not been at the extra trouble of procuring a coloured plate to illustrate the case alluded to, perhaps there would have been less necessity for reminding our cotemporary of its remissness in this instance."

Although, however, we accidentally omitted the reference in the place to which the editor of the Boston Medical and Surgical Journal refers, he will find, amongst the "Books Received," in the "Intelligencer," for June 15 (p. 100), the following adequate recognition:—

"From the Author.—Boston Medical and Surgical Journal, for May 30th, 1838; containing cases of Laceration of the Iris (with a coloured plate), by Edward J. Davenport, M. D. Boston."—Ed.

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

CLINIQUE OF DR. DUNGLISON.

*Semi-Quarterly Report.*

1.—*Summary of Cases treated in Women's Medical Ward, Nos. 1, 2 from June 11th to July 23d, 1838. Reported by ALEX. M. VEDDER of Schenectady, N. Y., Senior Resident Physician.*

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Dead.
Phthisis Pulmonalis . . . . .	2			1	
Functional Affection of the Heart . . . . .	1		1	1	
Gangrene of the Lungs . . . . .	1				1
Pleuritis . . . . .	1	1		1	
Chronic Laryngitis . . . . .	1				
Hemiplegia . . . . .	1		1	1	
Epilepsy . . . . .	1				
Neuralgia . . . . .	3	2		2	
Nervous Impressibility . . . . .	1		1	1	
Tubercular Peritonitis . . . . .	1				1
Diarrhœa . . . . .	1	1		1	
Gastro-Enteritis . . . . .	1				
Cholera Morbus . . . . .	1				
Erysipelas of the Face . . . . .	1	1		1	
Dyscrasia . . . . .	1	1		1	
Scrofulosis and Morbus Brightii . . . . .	1				1
Hypochondriasis . . . . .	1		1	1	
Metrorrhagia . . . . .	1	1		1	
Chronic Metritis . . . . .	1		1	1	
Infiltration of Inferior Extremities . . . . .	3	3		3	
Disease of Heart and Dropsy . . . . .	2	1		1	
Articular Rheumatism . . . . .	2	1	1	2	
Total . . . . .	29	12	6	19	3

## NOTES.

*Phthisis Pulmonalis*, No. 1.—R. P. A lunatic; discharged at the request of her friends.

No 2.—Has been in the ward for a few days only.

*Functional Affection of the Heart*.—This patient was relieved of unpleasant symptoms, dyspnœa, oppression, etc., by remaining at rest in hospital.

*Gangrene of the Lungs*.—This case is reported in the last number.

*Pleuritis*.—A. C., is of a strumous habit; has been in the surgical ward for caries of the ileum. After the discharge from the ileum ceased, there was a strong tendency to the chest, for which she was treated by intermittent revulsion,—blistering to the chest. She has had several attacks of neuralgia.

*Hemiplegia*.—M. A., ætat. 40. Widow for thirteen years. This was quite well until four weeks before her entrance, (entered June 11th) when she became subject to cephalalgia. For a year past has been subject to giddiness, especially on stooping.

On the morning of June 3d was quite well, free from headache, and well for the previous night.

At 10 o'clock of the 3d, whilst standing grating horse-radish, fell

she held the grater in the left hand, but could not move it. Attempted to walk, but was unable to do so.

Since her entrance, and whilst the signs of excitement were considerable, has been bled, cupped, purged, and blistered; and ice has been applied to the head, with sinapised pediluvia to the feet.

July 20th.—Intelligence much clearer; nearly natural. Can sit up. Complete paralysis of left side. Partial anæsthesia of the same side. Bowels torpid, so-as not to be moved by ordinary evacuants; but clysters thrown up into the colon always succeeded. Has occasional shooting pains in the affected limbs. The temperature of the two axillæ and the hands was taken early in the disease; that of the axilla of the affected side was half a degree lower; of the hands of the affected side five or six degrees lower. On one occasion, however, the temperature of the axilla of the affected side was as high as that of the sound side.

She was sent to the Old Women's Asylum, June 23d, 1838.

*Epilepsy*.—M. S., ætat. 28. Amenorrhœa for some time. Was sent from the asylum on account of diarrhœa, of which she was cured. Since her entrance (July 3d) she has had constant cephalalgia. About a week since a seton was put in the back of the neck, which has afforded some relief. The epileptic fits, which are of a violent character, generally recur every three or four weeks.

Was put upon the use of half a grain of the argenti nitras four times a day, which has been continued for two weeks.

*Neuralgia*. No. 1.—M. B. Reported in the last number of the "Intelligencer," p. 138.

No. 2.—M. M. This patient is subject to frontal neuralgia. Two or three of her attacks were followed by inflammation of the conjunctiva, which yielded readily to leeches to the septum narium; cold collyria, &c. This case shows, that when a branch of the fifth pair of nerves is affected with neuralgia, the ramifications of the same nerve, which are distributed to the conjunctiva, and under whose presidency the nutrition of the eye—as shown by the experiments of Magendie—is accomplished, are apt to be irregularly excited, so as to induce inflammation. The same fact has been exhibited by other cases in the wards.

No. 3.—Presents the same peculiarities as No. 2, as regards the supervention of inflammation of the conjunctiva in frontal neuralgia. She had, also, severe neuralgic pains of the right arm two weeks since, which terminated in phlegmonous erysipelas of the hand. The hand became very tumid. Two punctures were made in it, which allowed the escape of a serous fluid. The patient then had a severe attack of cholera morbus, after which the greater part of the serum was taken up,—within twelve hours, indeed, after the attack.

*Tubercular Peritonitis*.—This case will be reported at length in a subsequent number of the journal.

*Erysipelas of the Face*.—Ann R., æt. 29. Admitted June 19th. Was in the hospital three weeks ago with the same affection. After her discharge was employed as a cook; was near a hot fire almost constantly. On the 18th her left cheek began to swell. Bowels regular.

State, June 19th.—This morning had a chill. Face, with the exception of the forehead and chin, of a dull red colour, very much swollen; tension great; does not pit; capillary circulation active; surface hot; left eye closed, the right can be opened slightly; no pain in the part; no vesicles; appetite bad; thirst; complains of a burning sensation in the part; pulse 100.

R. Mag. sulph. 3 ii.; mag. carb. 3 ss.; ol. menth. gtt. x; aqua 3 vi. M. Capiat cochlearia magna duo ter die.

Applicetur faciei ung. hydrargyri ammoniat. Gruel.

June 20th.—Face more swollen—now cool; the burning sensation has ceased.

Continuentur mistura et unguentum.



June 22d.—Face less swollen; can open her eyes; no pain. Continued remedies.

June 27th.—The ointment and mixture were discontinued on 1st July. Swelling entirely gone.

Discharged cured.

*Dyscrasia*.—The subject of this case had suffered frequently from various disease. Surface cool and pale; tongue clean, but of a bluish color. General signs of anæmia; feels greatly debilitated; some evidence of engorgement. Was put upon the use of vegetable tonics.

Under this treatment her uneasy feelings disappeared, and she was discharged entirely cured.

*Scrofulosis, Morbus Brightii, General Dropsy*.—This case has been reported in No. 8, p. 118.

*Disease of Heart and Dropsy*.—Mary J.; admitted July 3d. History of disease of the heart for a long time. A few days before her entrance exposed to rain, which exposure was followed by general dropsy. Treated by diuretics (cal. squill and digitalis, with drink of juniper berries, bitartrate of potassa) and purgatives, and one bleeding.

On the 3d her pulse was 102. Sounds of heart nearly clear; action moderate.

July 8th.—Pulse 78. Since last date she has been slightly salivated. The calomel contained in the diuretic pills.

July 13th.—Pulse 48, irregular and feeble. Heart. Impulse not perceptible. Only one sound can be heard, very distant and feeble.

July 14th.—Pulse 40. First sound can scarcely be heard; it is muffled. Ordered gin and water for drink.

July 23d.—Impulse of heart increased, both sounds heard; a murmur heard in the first, second clear. Pulse 36 per minute. Affected with vomiting, for which a blister was applied to the epigastrium but not with complete relief. This case will be referred to hereafter.

2.—*Summary of Cases treated in Men's Medical Ward, No. 3, July 1st to July 23d, 1838.* Reported by ALEX. M. VEDDER, A. M., of Saratoga, N. Y., Senior Resident Physician.

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Dead.
Phthisis Pulmonalis . . . . .	4			1	
Hæmoptysis . . . . .	1	1		1	
Hemiplegia . . . . .	2		1	1	
Chorea . . . . .	1	1		1	
Subacute Arachnitis . . . . .	2	1		1	
Encephalitis and Paraplegia . . . . .	1				
Encysted Dropsy of Peritoneum . . . . .	1				1
Dysentery . . . . .	2				
Diarrhœa . . . . .	2	2		2	
Endo-Enteritis . . . . .	1				1
Dyscrasia . . . . .	1	1		1	
Syphilitic Osteocopi and Nodes . . . . .	1				
Infiltration of Lower Extremities . . . . .	1	1		1	
Total . . . . .	20	7	1	9	2

#### NOTES.

*Phthisis Pulmonalis*. No. 1.—L. M., æt. 40, entered the house with rheumatism. In 1835 was attacked with paralysis of the l

from which he entirely recovered. In March, 1837, it appears by the notes, that he had bronchial respiration under the left clavicle. During the last six weeks there has been but little change in his condition. Is subject to attacks of hæmoptysis. The following note was taken July 1st, 1838. Emaciation advanced, but he is able to sit up in bed; no œdema of legs; dyspnœa; appetite moderate; sweats at night; daily exacerbations of fever; no chills; bowels regular; pulse 106; respiration 42; sleeps tolerably.

*Chest.*—Right side moves, on respiring, more than left. Percussion—right side, anteriorly, nearly normal; posteriorly, respiration cavernous at the summit and between the spine and scapula, with pectoriloquy; inferiorly, respiration puerile. Left side, under the clavicle, feebly bronchial; near the axilla amphoric, with strong resonance of the voice. Percussion corresponds; posteriorly, left side, no vesicular murmur, except in a small space near the base; bronchial at the summit; amphoric at the middle, cavernous below, with amphoric resonance of voice. Percussion is flat, except at the inferior third, where it is dull.

*Treatment.*—Good diet; porter; acid sulph. aromat. gtt. x. ter die. Liq. morph. sulph. pro re nata.

The history of this case will be continued hereafter.

No. 2.—P. B. This is one of those rare cases in which the recuperative powers of the system effect a cure under most unfavourable circumstances. This patient, about a year since, had a large cavity under the right clavicle, with gurgling; he was greatly emaciated, had hectic, severe night sweats, colliquative diarrhœa, and was scarcely able to expectorate. Notwithstanding all these untoward symptoms, his system suddenly rallied, the cavity cicatrised, he recovered his flesh, and was discharged six or eight months since, presenting at the time none of the external signs of phthisis. After leaving the house he employed himself at his former business—weaving.

Four months after his discharge, he again returned to the hospital, emaciated, feeble, with severe cough, night sweats, and much expectoration. Since his entrance he has regained flesh. Appetite good; sweats and expectorates scarcely any; no chills for the last month; dyspnœa very slight; bowels regular.

*Chest.*—At the summit of the right side, posteriorly, respiration is bronchial; and at the base it is scarcely heard, (the seat of a former pleuritis.) Percussion is here dull throughout; strong resonance of the voice at the summit. Left side, posteriorly, the respiration is rude at the summit, expansive below; percussion clear. Right side, at the middle of the clavicle, cavernous respiration; and the same character exists for a space of eight inches descending, but along the right margin of the sternum it is rude and vesicular. The air enters and passes out by puffs. Pectoriloquy intense; cavernous also near the axilla. Percussion flat throughout, except in a small space along the right margin of the sternum. Left side, respiration puerile; percussion sonorous.

*Treatment.*—A demulcent pectoral mixture occasionally, to relieve the cough; and the unguentum antimonii tartarizati as a revulsive. Good diet.

No. 3.—J. M., æt. 23, is a native of Ireland. Entered the ward June 16th, 1838. Arrived at N. Brunswick in August last; soon after his arrival was taken with hæmoptysis, with a slight previous cough, this continued one day only; thinks he lost a pint of blood. The cough continued but a few days. Was quite well, able to work, until February 1st, when he had another attack of hemorrhage, preceded for two weeks by a cough. Thinks he lost half a pint every night for five successive nights. The cough has continued since then, without spitting of blood.

Since his arrival in Philadelphia, (April,) has had copious night sweats, and every sign of hectic fever. Expectoration principally at night. Appetite began to fail about a month since. Has been losing flesh and strength for two months.

Walked to the hospital from the city.

State, July 4th.—Slightly emaciated; cough increased; more oppression; expectoration about f. 3 iv. in twenty-four hours, mucous, with masses of purulent matter floating in it; appetite diminished; strength less; sweating at night increased; no chills; but fever in the evening; vomits during the paroxysms of coughing; no pain in the chest.

*Chest.*—Anteriorly, cavernous respiration under the right clavicle, with crackling. Vesicular, with developed expiration below the second rib. Marked pectoriloquy and resonance. The thrill of the voice can even be felt distinctly by placing the ends of the fingers on the part of the chest. Left side, respiration posteriorly and anteriorly nearly normal. Right side, posteriorly, at the summit, feebly bronchial, with crackling. Between the scapula and spine purely bronchial; intense bronchophony. Inferiorly, respiration puerile. Percussion corresponds.

*Treatment.*—Since the 25th of June has taken tinct. iodini gtt. x. ter die, with a mixture of ipecacuanha and morphine for the cough. He was likewise cupped on the chest two or three times, and farther counter-irritation was employed by means of the unguentum antimonii tartarizati. He was discharged at his own request on July the 12th, being anxious to return to his friends in Ireland. It need scarcely be said that he left the hospital with confirmed phthisis.

*Hæmoptysis.*—This patient was sent from the surgical wards. He is of a decidedly strumous habit. At first, he was treated by cupping on the chest, and afterwards by the supersulphate of magnesia, formed extemporaneously, as in the following mixture:—R. Magnes. sulphat. 3iii.; acid. sulphur. dilut. gtt. xxx.; aquæ 3vi. M. Capiat cochleare unum quater in die.

In a few days, the hæmoptysis having ceased, the mixture was discontinued, and ten drops of tincture of digitalis were given three times a day. He has had no return of the spitting of blood for three weeks. His strength is entirely recovered. The physical signs are not clear, but they would seem to indicate a tubercular deposit beneath the right clavicle.

[Since this note was written he has been discharged entirely cured.]

*Hemiplegia.* No. 1.—W. R., ætatis 47; blacksmith. Admitted in January, 1838. In December last, while turning a lever, felt giddy, and suddenly fell down. Took a cup of water in his left hand, but could not hold it. Lost his consciousness for a few moments only. At his entrance his speech was thick; left arm and leg rigid and completely paralysed; intelligence dull; passes his urine and fæces involuntarily.

July 18th.—Intelligence clear; some hesitancy in speaking; speech not thick; slight distortion of mouth; can move his left arm and leg somewhat; is able to walk about the ward; some rigidity of left arm; sense of numbness in the left extremities; sensibility rather greater than in the right side; occasional shooting pains in the left side; passes his urine easily only whilst taking the tinctura cantharidis. Patient was put upon the use of strychnine for two or three weeks; but although tetanic convulsions were induced in the paralysed limb, no marked benefit followed.

Discharged to the Old Men's Infirmary, July 23d, 1838.

No. 2.—Will be reported in a subsequent number of the "Intelligencer."

*Chorea.*—This case is reported in Vol. II., No. 7, p. 112, of this journal.

*Subacute Arachnitis.*—These were both mild cases. They were treated by cupping on the nape of the neck, sinapised pediluvia, and repeated revulsive purging.

*Encephalitis and Paraplegia.*—R. V., æt. twenty-four, entered July 20th, 1838. Is a carman. Single. Has been drinking pretty hard for five or six years. On the 5th of July was taken with staggering, so that he was thought to be drunk; on that day had taken sangaree only. No cephalalgia nor vomiting; giddiness at times; bowels costive for a few days past. July 20th.—Expression cerebral; is not able to walk; staggers; has nearly lost the command of his lower extremities. We defer noting this case any further at present, inasmuch as it may be given in full hereafter.

The treatment has consisted chiefly in bleeding, cupping, and revulsive ing.

*Encysted Dropsy, etc.*—This case will be published in a future number.

*Dysentery.* No. 1.—W. B., æt. 42, entered 20th of July. Had a severe attack of cholera morbus in June, which was followed by dysentery. At his entrance he was convalescing from the dysentery.

No. 2.—S. S., æt. 21, entered the hospital on the 17th July. Had delirium tremens, of which he was cured. Dysentery immediately followed—twenty to thirty evacuations daily. Is now nearly well.

Treated by the following:—R. Tr. opii 3ss.; acid. nit. gtt. iii.; aq. camph., aq. cinnam. aa. 3iii. Sumat coehleare magnum quaque horâ.

*Diarrhœa.*—These cases were easily managed by castor oil, simply given in small doses—a teaspoonful once a day to remove gently the contents of the tube.

*Endo-Enteritis.*—T. G., æt. 70, a lunatic. Entered with diarrhœa; died of perforation of the intestine.

*Dyscrasia.*—The subject of this case has been repeatedly affected with malarious disease. No signs of visceral engorgement. Great languor, and general anæmic and cachectic condition; great debility. The solution of the hydriodate of iron was directed three times a day in a wineglass of simple syrup. At the expiration of a fortnight an additional dose was given. Under this treatment he rapidly improved, and was soon discharged entirely cured.

*Syphilitic Osteocopi and Nodes.*—This patient was treated at first by a mixture composed of the hydrargyr. chlorid. corrosiv. gr. one sixteenth; syr. simp. 3ss. ter die. Afterwards the quantity of the chloride was increased to gr. one twelfth, four times a day. The gums were slightly touched after taking the chloride about four weeks, when the liquor ferri hydriodatis was prescribed in the dose of ten drops three times a day in half an ounce of simple syrup. The nodes were treated locally by blisters, which were not allowed to remain on the part more than two hours. The pains have ceased, and the nodes are considerably reduced in size.

*Infiltration of the Lower Extremities.*—This was removed in a few days by the infusion of juniper berries and bitartrate of potassa.

A. M. VEDDER.

### ART. III.—CASE OF POISONING BY THE *CICUTA VIROSA*.

Middleton, Mi., July 5th, 1838.

*Doctor Dunglison.*

Dear Sir,—The perplexity the case detailed below caused me induces me to offer it to you for publication in the "Intelligencer," if you think it deserves the attention of the profession.

Yours, very respectfully,

D. M. LIPSCOMB.

I was called, about noon, on the 1st of May last, to see M. J. Long, a robust man of about 30 or 35, as soon as possible—the messenger stating that he was thought to be dying, having been suddenly attacked in the field. When I arrived I learned that he had been observed vomiting by some negroes he was overlooking, who offered to assist him to the house, but he refused, and was immediately seized with a severe convulsive fit. He remained entirely senseless and was taken to the house, the convulsion returning every ten or fifteen minutes with increasing severity. As I had many miles to go, he had had several seizures before I reached him. I found him breathing with a good deal of difficulty; his senses completely unbinged, (if I may use such an expression,) the vessels of his face turgid; the skin also exhibiting the appearance of urticaria; his pulse slow (say 50) and

full, and his clothes literally soaked with perspiration. On being informed that he had not been subject to epilepsy, I suspected he had taken some narcotic; and notwithstanding the evident engorgement of his brain, I was afraid to resort to the lancet without the greatest caution. I had him, however, placed as nearly erect as I could, with the view of opening a vein, but he was immediately seized with the severest convulsion I had ever seen. I attempted, as soon as it was over, to give him an emetic of ipecacuanha and tartarised antimony, but failed, on account of the difficulty of getting him to swallow. As soon as a syringe could be had, I exhibited, in a small enema, six grains of the tartrate of antimony and potassa, and twelve or fifteen grains of ipecacuanha; emesis was not induced. I repeated the dose in about twenty minutes; although this also failed to vomit him, it was of manifest advantage, for, notwithstanding the continuance of the dementia, the convulsions subsided entirely; not, however, without an approach to that condition, as was indicated soon after the first injection by the increased turgidity of countenance, urticaria, and a violent tossing, that had preceded every seizure. He now gave evidence of returning sensation; spoke, got up, and attempted to quit the house.

I was obliged to leave him for the night, (five or six hours after the attack), but directed the injection to be repeated occasionally till vomiting should be induced, or the symptoms improve. And if he should have no alvine evacuation, I ordered stimulating injections till his bowels should be freely evacuated.

When I returned next morning (2d) I found he had been purged pretty freely, and had vomited once or twice in the course of the night; but his mind, to my mortification, was not at all improved.

His pulse was now rather hard; respiration a little irregular, but not bad; extremities inclined to be cold; he was extremely thirsty; and attempted micturition every four or five minutes, passing a very small quantity of urine at each effort. I was now at a great loss to know whether this case did not require the early adoption of treatment more antiphlogistic than could have been hazarded the afternoon before, so I requested a consultation, and my friend, Dr. John Satterwhitte, was called in.

Doctor S. advised the application of sinapisms to the extremities, and in addition, a solution of tart. ant. et potassa, in watermelon-seed tea, which I had advised (the tea was used as a demulcent diuretic) previous to his arrival. We attempted to cup his temples, but he was so completely frantic that we found it impracticable. He took the solution five or six hours before the return of his reason. I saw him about this period, he complained of a general soreness in the muscles, and some little pain in the head—only one of the sinapisms had made any impression. I saw him next day—still improving; slight headache remaining. He had no recollection of his attack, not even of the vomiting—states that he was eating a root he supposed to be angelica on the morning of his attack, but from the abundance of the cicuta in the wood where the root was obtained, and his ignorance of the difference, we had no doubt that part of what he had eaten was this poisonous plant. I left him, only directing him to keep cool, and his bowels soluble. He recovered without the return of any untoward symptoms.

Here was evidently a case of poisoning, in which we had, first vomiting, then convulsions for six or seven hours, and dementia thirty hours; with signs of cerebral and other irritation. Apparently requiring active antiphlogistic treatment.

What, let me ask, in your opinion, would have been the consequence of venesection on the second morning?

[The treatment, in our opinion, was judicious. Blood-letting would not, we think, have expedited the cure. The cold douche on the head would have been preferable.—*Ed.*]

## ART. IV.—BLOCKLEY HOSPITAL REPORTS.

*Cases Illustrative of the Power of the Datura Stramonium (thorn apple, Jamestown weed) in suspending and arresting Epileptic Paroxysms.*  
By EDWIN A. ANDERSON, M. D., of Wilmington, N. C., one of the Senior Resident Physicians to the Philadelphia Hospital (Blockley.)

CASE 1.—Mary Lee (black), a woman of stout vigorous frame, aged about 30 years, has previously enjoyed good health until about two years since; when, near her confinement, she received a severe kick upon the abdomen from her husband. Since this period she has been subject to attacks of epilepsy, varying in duration and severity, but latterly increasing in frequency. I was first called at 12 at night by the nurse of the ward, in great haste, to see the patient,—found her frothing at the mouth; limbs rigid, inflexible; constant moaning, gnashing of teeth, and jactitation; respiration hurried, laborious, about 50 per minute; pulse 120, frequent, rather small. Found upon enquiry that these paroxysms generally lasted from thirty to forty-five minutes; sometimes continuing even a full hour. Ordered a mustard foot bath immediately, and a dram of the tincture of stramonium every five minutes for four times.

The teeth of the patient were so firmly clenched that it was only by forcing open the mouth with great difficulty we could induce her to swallow the medicine. After the administration of the fourth dose, the limbs became flexible, respiration easy and natural, pulse down to 80 per minute, and with a vacant stare she began to recognise persons and objects around her, and to call for water. In twenty minutes from the period of the administration of the first dose of the stramonium, she had entirely recovered from the attack.

This patient is fully sensible of the approach of the paroxysm, by the aura epileptica, which she feels manifestly whenever an attack is threatened, and during the succeeding day. Of her own accord she had frequently recourse to the tincture, always with the effect of banishing these premonitory symptoms, and preventing an epileptic fit, from which she remained free for the entire day. Two days subsequently the medicine was omitted, and I was called to another attack, similar in its nature to the first. In this case she was cupped freely on the spine by the order of the then senior physician; mustard foot baths were directed, and bleeding to ten ounces. The paroxysm continued for fifty minutes, without any abatement of the symptoms, and when she was aroused she eagerly begged for some of the same medicine that was first administered, declaring she never was so speedily relieved in her life before. She was now kept for some days under the full and free use of the datura, and enjoyed a perfect remission from the epileptic paroxysms; but believing herself cured the tincture was again omitted, and the attacks were renewed.

In every case, by giving the datura, in about twenty minutes or as soon as dilatation of the pupils occurred, the epileptic paroxysm was cut short; and as long as she remained under its *full effect*, no attacks were experienced. The tests of the full effects of the stramonium were, dilatation of the pupils, dryness of the fauces, and a prickling uneasy sensation over the surface of the body; until these effects are experienced we can scarcely hope to derive all the curative power of the datura; indeed, in no case have I observed a suspension or arrestation of the epileptic attacks without these tests of the action of the narcotic on the system being manifested. From a somewhat extensive experience in the use of the datura I can safely affirm that I have never witnessed any unpleasant effects follow this decisive use of it, the object of which has been,—to get the patient as soon as possible under the full effects of the remedy, and to keep him so for a number of days or even weeks. In this way, the morbid habit or association may be broken, up and we may hope not only to be able to arrest a paroxysm, but even to permanently prevent their recurrence. From a change of wards I

lost sight of this woman, but am informed she is still subject to occasional attacks of epilepsy; the stramonium having been stopped when I resigned the charge of the department in which she resided.

CASE 2.—Caroline Hawkins, aged 18 years,—a fine healthy young woman. This patient's epilepsy was connected with or dependent upon amenorrhœa; the catamenial function never appearing except when brought on by emmenagogues, or medicines used for that purpose. The paroxysms in this patient were unusually severe, continuing for about thirty or forty minutes; presenting the same assemblage of symptoms as in the first case. She was ordered five grains of the extract of stramonium every four hours.

After taking about a scruple of the extract the pupils became dilated, and a sense of prickling over the skin, and the dry husky throat supervened. One slight attack, lasting only a few minutes, occurred on this day. She was ordered to continue daily five grains of the extract every four hours.

Near two weeks had elapsed, and no return of the epilepsy.

She was then discharged. The stramonium was omitted after her discharge, and I have since learned that she still has attacks of epilepsy occasionally.

CASE 3.—Catharine Carson, aged 30 years, an inmate of the Lunatic Asylum on account of epilepsy, which has affected her mind for five years past. This patient has four or five attacks every night, and has been sent among the incurable and hopeless cases, after a great variety of treatment had been tried without any effect upon her. She was directed to take five grains of the extract of stramonium every two hours.

After taking about two scruples of the extract the usual effects of the datura were felt, and the following night was passed with entire absence of epileptic attacks. The pills of stramonium were directed to be continued daily. After a few days the system became accustomed to this quantity, the pupils returned to their natural size, and again the epilepsy resumed its old ground. Five grains were now directed to be given every hour.

Again the pupils were dilated, and the epilepsy driven off for more than two weeks. This patient, on a change of wards, was left free from epilepsy; and, as I am subsequently informed, having suspended the use of the datura, has had a renewal of her old complaint.

CASE 4.—Nathan Corbin, aged 18, a boy of vicious and untameable habits, sent to the hospital from the House of Refuge, for epileptic paroxysms, which had continued near five years. Patient has as many as eight or ten attacks in a day, continuing for a short time, but very severe for the brief period of their duration. He was ordered eighty drops of the tincture of stramonium four times a day.

After taking four doses, dilatation of the pupils was observed, and that day was passed with only one very slight paroxysm. The medicine was continued as above daily. Four days had intervened and no attack of epilepsy was witnessed. On the fifth day the system became accustomed to the influence of this quantity of the tincture, and again two severe attacks of epilepsy supervened. (Increased the tincture to one dram four times a day.) The pupils were again dilated, the throat became dry and husky; and an uneasy prickling sensation was felt over the surface of the body. No paroxysms occurred for several days. It became necessary to increase the quantity of the tincture daily, so that at one time an ounce was taken twice a day, producing no more effect than the eighty drops had done originally. Indeed it seems as if this narcotic loses its power over the animal economy sooner than most similar agents, so that a rapid and frequent increase of the dose becomes necessary to keep up its sanative effects upon the system. The boy, being induced by some evil disposed persons to believe he was taking a poison, obstinately refused to receive more of his medicine; the epilepsy accordingly returned in all its violence.

REMARKS.—The foregoing cases appear to establish the power of the datura in arresting and preventing attacks of epilepsy, while the patient is

under the full influence of this narcotic. It is unfortunately, however, not in the reporter's power to produce instances in which it has wrought a decided cure; for obvious reasons. All the cases experimented upon were decidedly chronic, almost hopeless; and in none of them was the medicine continued for a sufficiently long period to produce any very salutary effects. All were checked and suspended while the patients were under the full influence of the datura, and they did not return until the remedy was suspended. Professors Ives and Tully, of Yale College, have long used stramonium as a radical cure in epilepsy, and are accustomed to keep the patient for months under its influence.<sup>1</sup> Thus the morbid association is broken up, and a cure not unfrequently effected. In several spastic diseases, particularly in hysteria, I have witnessed its rapid and decidedly beneficial action. Should an opportunity be afforded me, I hope, at some future day, to lay some more interesting proofs of its powers before the profession.

EDWIN A. ANDERSON.

### BIBLIOGRAPHICAL NOTICE.

#### *Cutler on Bandages.*<sup>2</sup>

This is a useful little manual for the young surgeon. It is divided into two parts,—the first treating of dressings and bandages in general, and the principles of their application; the second, of bandages in particular, classed according to the regions of the body—under the respective heads of bandages of the head and neck, of the trunk, of the upper and of the lower extremities. The author remarks that “he has studied to render the work equally valuable to the army and navy surgeon, the general practitioner and student,” and we think he has succeeded.

*Injections of Nitrate of Silver in Fistula Lachrymalis.* By DR. ALAMAN, of Basses-Pyrénées.<sup>3</sup>—I have attended, (says M. Alaman,) for four or five years, Margaret Cazeaux, of Borce (Basses-Pyrénées), for a lachrymal tumour which she has had for many years. I had employed all the means which are said to have succeeded, and which I have seen succeed in the practice of the surgeons in the hospitals of Paris. Still the tumour proceeded on its course, and not seeing any other resource than an operation, I left the patient to herself. Three years had scarcely elapsed, when she came, last spring, to ask again my advice, and begged me to operate immediately. At this time the parts had changed their appearance, and the disease had made enormous progress. The sac was opened, and a large aperture gave issue to pus of a bad character—ichorous, reddish, and of such a remarkably fetid smell that the patient herself could not bear it. A violent inflammation supervened around the sac, and the eye was threatened in almost its whole extent. The quality of the pus which flowed led me to fear that the disease had reached the bone, and that some part of it was necrosed; a probe introduced into the sac satisfied me in this respect. Before attempting the operation I wished to try the injection of a solution of nitrate of silver, the good effects of which had been proclaimed in your journal; I subjected the patient to the influence of this excellent agent, and she has every occasion to be satisfied with it. Some days after she com-

<sup>1</sup> The datura, belladonna, opium, and indeed the whole class of narcotics, have been much used with similar views, by the German physicians more especially.—*Ed.*

<sup>2</sup> The Surgeon's Practical Guide in Dressing, and in the Methodic Application of Bandages: Illustrated by numerous engravings. By Thomas Cutler, M. D., late Staff-Surgeon in the Belgian Army. 24mo, pp. 208. Philadelphia, 1838.

<sup>3</sup> Bulletin générale de Thérapeutique, Janvier 15, 1838.



menced this medication, the alarming symptoms disappeared, the parts returned to their natural condition, the fistula closed, and the tears flowed easily through the nasal duct. Every thing promises at present that the cure will be permanent.

The case which I have just related was of the most serious character; the disease had made so much progress that the success of an operation appeared to me to be doubtful. A few injections were sufficient to dispel all my doubts; it is the first time that I have employed them in similar circumstances, and I beg my medical brethren to employ it before operating. It would be fortunate if this simple means should succeed, I do not say in all, but in a great number of cases; for an operation, however simple and easy it may be, has its inconveniences, which are often very serious; we have had a fatal example in a young person, resident in a town in this neighbourhood. He had a fistula lachrymalis, and was desirous of getting rid of this disgusting inconvenience. He set out, by the advice of his physician, for Paris, where he was operated on, I do not know by what surgeon; the canula was introduced into the duct, and he returned home perfectly well. Some days after his arrival, he fell into a complete state of mania. Would this misfortune have happened to him without the operation? I will not presume to say; I simply relate the fact. It is always the case that the idea of undergoing an operation makes a deep impression upon certain individuals; that the canula, by its presence, must irritate more or less the parts; the cribriform plate of the ethmoid is there, and the brain is not far distant.

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*Paralysis of the Bladder cured by injecting Laudanum into it.*<sup>1</sup>—A patient, convalescent from cholera, was attacked with retention of urine, which continued and was only relieved by the catheter. Baths, fomentations, and rubefacients, were used by M. Tambone in vain. After washing out the bladder, laudanum was injected, and suffered to remain in it. After eight hours, the patient was surprised to experience an inclination to pass the urine, and in four hours the desire recurred. By continuing the remedy a cure was effected.

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*Medical Bibliography*—In the *Zeitschrift für die gesammte Medicin*,<sup>2</sup> the editors, as is their wont, have given a bibliography of foreign medical literature for the year 1837; classified under the heads:—History of Medicine and Bibliography; Anatomy; Psychology and Physiology; Phrenology; Semiotics, Pathogeny, Pathology, and Therapeutics (Homœopathy; Fevers and Inflammations; Diseases of the Head, Neck and Chest; Diseases of the Abdomen, Urinary and Genital Organs; Diseases of the Skin; Scrofula and Syphilis; Cholera; Nervous and Mental Diseases; Surgery; Diseases of the Eyes, Ears, and Teeth; Obstetric Diseases of Women and Children; Dietetics; Popular Medicine and Hygiène; Medical Topography; Pharmacy; Materia Medica; Art of Prescribing (Formular); Toxicology and Magnetism; Legal Medicine; Medical Encyclopædias and Lexicographic Works; Collections and Transactions of Societies; Editions and Translations of the Ancients; Biography and Veterinary Medicine.

The American works enumerated are, Goddard on the Nerves; Griffith's Introductory Lecture in the University of Maryland; Morton's Illustrations

<sup>1</sup> *Osservatore Medico di Napoli*, and *Zeitschrift für die gesammte Medicin*, April, 1838, s. 516.

<sup>2</sup> Jan., 1838, s. 191.

of Consumption; Sewell's Examination of Phrenology; E. H. Barton's Introductory Lecture on Auscultation; Hazall on Exploration of the Chest; King on Purpura; Bushe on Diseases of the Rectum; Hayward on Diseases of the Knee-Joint; Warren on Tumours; Littell on Diseases of the Eye; Warrington's Translation of Duparcque; Tuckerman on the Climate of Santa Cruz; Dunglison's Medical Student; Dunglison's Address to the Medical Graduates of Jefferson Medical College; J. P. Harrison's Oration on the Investigation of Medical Science; and J. McNaughton's Address before the Medical Society of the State of New York.

*Table of the Sick and Mortality in the Hôtel-Dieu, of Paris, during Twenty Years.\**

	Admissions.	Length of time in the Hospital, in days.	Mortality.
1816	7090	46	1 in 4.57
1817	7246	40	4.42
1818	7117	36½	5.35
1819	8796	29½	6.07
1820	10248	26.54	6.50
1821	11163	26.06	7.10
1822	10689	25.23	6.82
1823	11383	26.96	6.54
1824	11170	28.50	7.11
1825	12583	23.73	6.95
1826	11530	26.01	6.81
1827	11485	23.56	6.88
1828	17861	21.29	6.79
1829	13649	24.16	6.33
1830	14320	24.36	6.87
1831	14559	24.01	8.53
1832	15357	18.37	5.12 Cholera.
1833	16992	19.60	9.96
1834	17753	19.20	11.03
1835	17429	19.20	10.14

The table exhibits a regular and signal improvement in the ratio of mortality; the difference in twenty years being as 1014 to 457.

*Legitimate and Illegitimate Births in Paris.*—It would appear from tables recently published, that there were born in Paris, from 1816 to 1835, 351,082 legitimate children, and 194,758 illegitimate. Of these, 31,066 were stillborn, and 88,101 died in the first year of existence;—a frightful picture of the physical and moral evils of the looseness of public manners.<sup>3</sup>

*Contusion of the Eye—Separation of the Iris from the Ciliary Ligament—Amaurosis—Cure.* By DR. FRICKE, of Hamburg.<sup>4</sup>—A case of this kind is given by Dr. Fricke, in his report of the Surgical Department of the General Infirmary at Hamburg, for the last quarter of 1836. The patient, a female, thirty-one years of age, received a violent blow with the fist on the right eye, in consequence of which the functions of the eye were sus-

<sup>1</sup> We are pleased to observe, that an English edition of this excellent "Manual," "revised and enlarged," is advertised in the Lond. Med. Gazette, for July 14th.—*Ed.*

<sup>2</sup> *Annales d'Hygiène publique, &c.*, Oct., 1837.

<sup>3</sup> *Zeitschrift für die gesammte Medicin*, Jan., 1838, s. 178.

<sup>4</sup> *Ibid.* April, 1838, s. 437.

pended, and violent inflammation supervened. Before her admission into the hospital she had been subjected to very energetic treatment, and calomel had been administered for several days so as to induce copious pyalism. On her reception into the hospital, the violence of the inflammation had been got under. The iris, torn from the ciliary ligament was of a green colour, and exhibited no trace of fibrous structure. With the exception of the power of distinguishing light from darkness, the functions of the eye continued entirely lost.

Dr. Fricke continued the antiphlogistic plan of treatment to a mild degree, and afterwards put her upon the use of slightly stimulating collyria, with tinctura opii. Revellents to the intestinal canal and the skin were not neglected. Under this management the iris not only resumed its healthy colour and condition, but vision was completely restored, so that in six weeks the patient was able to leave the hospital. The iris, where it was separated from the ciliary ligament, had united in such sort that two pupils were formed, separated by a small stripe.

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*Medical College of Richmond, Va.*—We have been favoured with a list of the professors of this new medical school. They are,—1. Th. Johnson, M. D., (formerly Professor of Anatomy in the University of Virginia,) Professor of Anatomy and Physiology. 2. John Cullen, M. D., Professor of Theory and Practice of Medicine. 3. L. W. Chamberlayne, M. D., Professor of Materia Medica and Therapeutics. 4. R. L. Bohannon, M. D., Professor of Obstetrics and Diseases of Women and Children. 5. Aug. L. Warner, M. D., (late Professor of Anatomy and Surgery in the University of Virginia,) Professor of Surgery. 6. Socrates Maupin, M. D., Professor of Chemistry and Pharmacy. Aug. L. Warner, M. D., Dean of the Faculty.

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#### NECROLOGY.

*Fabré-Palaprat, Salmade, Meunier.*—Died recently, at Paris, Dr. Fabré-Palaprat, General Director of the Société Médico-Philanthropique.

Also, Dr. A. Salmade, Member of the Academy, and formerly Physician to Louis XVIII. and Charles X. He published numerous essays in the *Recueil périodique de la Société de Médecine*; and was the author of several works on popular Medicine.

At Strasburg, Dr. Meunier, professor of medicine in the university there.

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*From Jacob Snyder, Jr., Esq.*—Nos. 5, 6, 7, and 8, of the *Student's Magazine.* Published at the Pennsylvania Institution for the Instruction of the Blind.

## AMERICAN MEDICAL INTELLIGENCER.

Vol. II.

September 1, 1838.

No. 11.

## ART. I.—CASES ILLUSTRATING THE USE OF THE FORCEPS.

BY S. A. COOK, M. D., BUSKIRK'S BRIDGE, NEW YORK.

The invention of embryoplastic instruments has placed in the hands of the scientific obstetrician the means of frequently terminating at discretion difficult or tedious labour,<sup>1</sup> without injury either to the mother or child. Yet I am persuaded that the advantages to be derived from their judicious use are diminished, often entirely withheld, through the influence of a fearful array of imaginary difficulties and dangers, with which writers on midwifery have prefaced their application. The mind, and especially that of the young practitioner, revolts at the idea of adding to the sufferings or dangers it may be called to witness; and, though perhaps justly impressed with a sense of responsibility, overawed by the dogmas of teachers, procrastinates until interference is unnecessary, the efforts of nature having, after a fearful struggle, triumphed, or, what is perhaps as frequent, the patient sunk and beyond the reach of art.

The easy application of the forceps is entirely dependent on the stage of labour. Indeed, "when the os uteri is fully dilated, the soft parts relaxed, the head resting on the perinæum, or nearly so, and the pelvis of sufficient size to permit the attendant to reach the ear with the finger," it "is so simple, that any individual, with moderate experience, may readily effect it,"<sup>2</sup> and though their possible use allows of considerable range from this point, yet the nearer the head approaches it, the less will be the difficulty or danger attending the operation. Whenever, therefore, a case is thus far advanced, either the danger or suffering of the patient, or even the danger of the child, may call for the forceps. A few cases will, perhaps, better illustrate the principles by which I have been governed in practice.

**CASE 1. Exhaustion.** April 7, 1837.—J. W., aged 17. 1 o'clock, A. M. Had been in moderate labour thirteen hours, with first child, when her pains ceased entirely. At her urgent request she was now permitted to walk about the room, and they soon returned with great activity, and in less than two hours advanced the head so far into the pelvis that it touched the perinæum, when they ceased to press, though they continued almost constantly, and extremely agonising. Her pulse soon became very feeble, countenance sunken, forehead covered with a sticky perspiration: when, at 3½ o'clock, A. M., I applied the forceps, and in twenty-five minutes delivered her of a large healthy boy. She recovered very rapidly, getting about the house in a few days.

**CASE 2. Exhaustion.** March 13th, 1838.—A. J. 2 o'clock, P. M. Had been in severe labour with fifth child sixteen hours. Countenance haggard; pulse scarcely perceptible; occasional vomiting; uterus fully dilated, though the head remained high in the pelvis; vertex presenting, and so far advanced as to preclude the possibility of turning. Fearing that there might arise a necessity for using the perforator, I gave her some brandy and

<sup>1</sup> Alexander Hamilton's Midwifery.<sup>2</sup> Collins's Pract. Treat. on Midwifery.

camphor (and sent six miles over bad roads for Dr. Morris, for advice). She revived, her pains increased, and in three hours the head had so far advanced that the vertex touched the perinæum; when she again became exhausted, the pains ceasing notwithstanding the continued use of stimulants. Dr. M. having arrived and concurring, I applied the forceps, which increased the pains, so that with very little assistance the child (a boy) was expelled. She recovered slower than usual with her, though without any symptom requiring treatment; and in the end both parent and child did well.

**CASE 3. Exhaustion—complicated—child dead.** March 13, 1837.—M. M. In labour with first child. Commenced actively; waters discharged before my arrival. On examination per vaginam, anterior fontanelle presented, with the funis in advance, protruding from the os tincæ, though dilated only to the size of a dollar. Every effort to keep it back proving unavailing, the labour was allowed to proceed without interference until the uterus was fully dilated, and the head engaged in the pelvis, when the pains not advancing the labour, I changed the position of the head to a vertex presentation. Though the pains declined in activity the labour advanced considerably during the three succeeding hours, when, after having been in labour twenty-two hours, she became restless, throwing herself from side to side of her bed; countenance sunken; pulse very feeble; with a cold and clammy surface. Judging that I could reach the head with the forceps (although the vertex did not rest on the perinæum by an inch or more), I gave her some brandy, which reviving her, I applied the forceps, and assisting the pains completed the labour. Child (a boy) dead and much discoloured. The patient recovered very rapidly.

**CASE 4. Threatened Cerebral Irritation.** April 24, 1834.—P. E. In labour with her second child. During her former parturition her case assumed an anomalous character. I gathered the following history from herself and family. At the close of each uterine contraction the pain passed up the back to the head, producing there a sensation of extreme agony, and blindness, supposed at the time to be temporary, followed by a general nervous tremor. The labour terminated without assistance, and the patient was left with amaurosis, from which time, though a little improved, she had never recovered her sight. This unfortunate termination was attributed, with how much truth I know not, to a fall from her chair, hitting the back of her head against one of its posts, about two weeks before her labour.

At this time, after having been about six hours in labour, the head of the child being advanced, so as nearly to touch the perinæum, a similar train of anomalous symptoms occurred. In a short time the suffering in the head became very severe. In fact the pain of the uterine contraction appeared to be almost perfectly transferred to the brain, and ceased to advance the labour. This state continued about an hour, when, fearing that the consequence of farther delay would be an augmentation of the existing amaurosis, I applied the forceps, and in twenty minutes delivered her of a living child (girl). Both the patient and the child did well; the mother's blindness remaining as before.

It will be perceived that the above cases were of a character that called for immediate action. If the forceps were necessary, their urgency admitted of no delay. Hence the rules that writers have attempted to establish, of waiting from six to twenty-four hours after the head shall have reached a position favourable to their application, were not considered applicable with them. Indeed I am confident that such rules can never be adopted in practice, with safety to the patient or credit to the practitioner. To me but one rule appears consistent. To use the forceps cautiously but promptly,—1. Wherever the danger of the patient can be diminished. 2. Wherever, without increasing her danger, her suffering can be in a considerable degree lessened. 3. Or wherever, without increasing either the danger or suffering of the mother, the safety of the child may be insured.

*Buskirk's Bridge, Aug. 1, 1838.*

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

1.—*Summary of Cases treated in Black Women's Medical Ward, from June 11th to July 23d, 1838.* Reported by ALEX. M. VEDDER, A. M., of Schenectady, N. Y., Senior Resident Physician.

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Dead.	Remaining
Acute Meningitis . . . . .	1				1	
Bronchitis . . . . .	1					1
Hypertrophy of Heart . . . . .	1					1
Valvular Disease of Heart and Rheumatism	1					1
Chronic Articular Rheumatism . . . . .	2	2		2		
Intermittent Fever (prolapseus uteri, neuralgia)	1		1	1		
Intermittent Fever . . . . .	1	1		1		
Meteorism . . . . .	1	1		1		
Ovarian Tumour . . . . .	1					1
Diarrhœa . . . . .	1	1		1		
Total . . . . .	11	5	1	6	1	4

## NOTES.

*Acute Meningitis.*—This case will be reported in a subsequent number.

*Hypertrophy of Heart.*—E. E., æt. 54, has been subject to spitting "red blood" for twenty years; and to giddiness and headache for twelve or fifteen years. If she stooped was in danger of falling, on account of the feebleness and giddiness, and has fallen. Vision about natural. For two years past has had five or six attacks of hemorrhage from the nose. Shortness of breath ever since she can recollect, but it has become worse for a year or two past. Two years since, had an attack of rheumatism in her right wrist; and another in January, 1838, in the wrist, and articulation of the left lower extremity. Has been subject to palpitation for twelve or fifteen years. Has slept with her head elevated for three months past. In January last, took cold, had pain in her limbs, the lower extremities were swollen to twice their natural size (œdema).

July 15th. Present state.—No pain in the joints; no œdema; dyspnœa; pulse 102, firm and regular; respiration easy, 20; palpitations at times.

Heart.—Impulse strong, diffused; first sound slightly roughened and prolonged, second clear; the head of the auscultator is raised at each systole. The præcordial region is prominent. Percussion—dulness of præcordial region commences at the summit of the fourth rib; laterally, extends from the left margin of sternum, to the distance of five inches. In the space of two inches square, percussion is perfectly flat.

*Valvular Disease of the Heart and Rheumatism.*—Entered the ward June 13th, 1838. This patient is 30 years of age. She has had, since 12 years of age, four attacks of articular rheumatism. The last was in 1833. Since that time she has been more or less short-breathed. For the last month or two her dyspnœa increased, obliging her to sleep with her window open. Slept with her head elevated. Legs have been swollen several times.

State, June 14th.—Large and muscular. Expression dejected; anorexia; great dyspnœa, amounting to orthopnœa; respiration high, 60; pulse 90; complains of pain in the ankles and knees, but there is effusion about the

joints; no pain in the chest; abdomen large; moderate effusion; fluctuation. Percussion—flat in the inferior fourth of both sides of the chest, posteriorly. Respiration there feeble.

Heart.—Impulse feeble; strong *bruit de soufflet* synchronous with the first sound, the second sound clear.

R. Digitalis, p. scillæ aa. gr. i.; fiat pilula quater in die sumenda.

R. Infusi baccar. juniperi ℥ii. (cum potass. bitart. ʒiii.); pro potu communi: venæsectio ad f. ʒ xvi.

June 17th.—The effusion in chest and abdomen has nearly disappeared. The pills and infusion have been continued. Yesterday the pain in the joints was much increased, they are now hot and swollen; still some oppression; can now lie down; respiration 48, laboured; action and sounds of the heart as at the time of taking the last note. Omittantur remedia.

R. Vini semin. colchic. gtt. x. ter die.

June 28th.—Pain in the joints has ceased; appetite returned; no dyspnoea, except on exertion. The *bruit de soufflet* continues with the first sound.

Omittatur vinum colchici.

July 20th.—Since last note, has had a return of the rheumatic pains, under which she is still labouring.

*Intermittent Fever, etc.*—This was a double quotidian; large doses of the sulphate of quinine were given, which checked it permanently. The anomalous neuralgic pains were most relieved by the application of galvanic plates; indeed, the pain, which had previously persisted in spite of all remedies, ceased almost instantly after their employment.

*Meteorism.*—This patient is a large woman. Her abdomen was constantly distended, tender, and gaseous on percussion. Purgatives, antacids, and stimulating enemata were given without effect. She was cured by the introduction into the colon of a large male flexible catheter, by which an immense quantity of fetid gas was discharged. A tight bandage was immediately afterwards applied around the abdomen to prevent the further accumulation of the gas, and the consequent distension of the coats of the large intestine. The patient has had no return of these symptoms.

*Ovarian Tumour.*—E. H., æt. 36, entered the hospital July 5th. Married in 1822. Is the mother of three children. Her first and second were born at seven months; the first lived twenty-four hours, the second was still-born. In her third pregnancy she aborted at four months. Was struck in the abdomen the day previous by her husband. Does not recollect the date of her last child's birth; it was, however, previous to the present complaint. Her labours were pretty easy. Her husband was in the habit of beating her.

About twelve years since, she observed a tumour in the right inguinal region, about the size of a "teacup;" thought she was pregnant; had no pain in the part. The tumour continued to increase until it attained its present enormous size. At times, for a year past, could not urinate freely. Bowels were regular, and no difficulty in defecation until the last three months, since which time she has been constipated; her bowels not being open at times for a week. Menstrual function has always been regular. Has lost flesh for two years. Never had œdema of the legs.

State, July 14th.—Rather thin; appetite good; respiration high, elevating her shoulders half an inch or more at each inspiration.

Abdomen.—Occupied by an enormous tumour, which is hard and resisting; small nodules can be felt here and there, but the surface for the most part is equal; no fluctuation. Patient is able to walk about.

Circumference of the most prominent part of tumour, three feet nine inches. Antero-posterior measurement, from the prominent part of the abdomen to the spinous process, seventeen inches. She was ordered a suspensory support for the tumour, and an opiate *pro re nata*.

A. M. VEDDER.

2.—*Summary of Cases treated in the Women's Lunatic Asylum, from June 12th, 1838, to July 20th, 1838.* Reported by J. C. ANDERSON, M. D., of Spartanburgh, S. Carolina, Senior Resident Physician in charge of the Asylum.

DIAGNOSIS.	Number.	Cured.	Discharged.	Relieved.	Died.	Remaining.
Periodical Insanity . . . . .	1					1
Religious do. . . . .	1		1			
Acute do. . . . .	3		1			2
Chronic do. . . . .	2		1			1
Hypochondriasis . . . . .	1		1			
Imbecility of Mind . . . . .	3		1			2
Puerperal Mania . . . . .	1	1	1			
Hysterical Mania . . . . .	1			1		1
Epilepsy . . . . .	2		2	2		
Mania a Potu . . . . .	4	4	3			1
" " second stage . . . . .	9	9	9			
Total . . . . .	28	14	20	3		8

NOTES.

A. H., aged 38; admitted June 28. Is the mother of six children. A servant woman. Was attacked on the 20th with chills, followed by great excitement; pain in the head; confused vision; tinnitus aurium; great bearing down pain, and pain in the lumbar region; dyspnœa; globus hystericus; all of which symptoms appeared to have been produced by exposure to cold and moisture during the flow of the catamenia, when the body was much heated. She was bled to twenty ounces the day before admission. When admitted the pulse was 80, quick, small, and firm; skin moist; tongue white. She was completely delirious, but not so violent as before admission.

A cathartic of aloes and pilula hydrargyri was ordered, and thirty leeches were applied to the vulva, followed by warm fomentations, with sinapised pediluvia. After pursuing this practice for three days, the catamenia returned, with great alleviation of all her symptoms.

On the 1st July she went to the water room, and bathed her head and arms; in consequence of which the suppression of the catamenia recurred, with all her previous symptoms. The same treatment was adopted and continued until the 12th, at which time she was greatly relieved; still, great nervous excitement exists, and she has occasional attacks of hysteria, from which she will doubtless recover.

H. E., æt. 26; admitted June 6, 1838. Was delivered on the 24th of May. Is a woman of delicate constitution. Was healthy until she became pregnant; during which time she nursed her husband in sickness, and suffered great fatigue of body and anxiety of mind. Was bled twice during that time, and blistered on the nape of the neck. Had no flooding during delivery. Her nurse was not qualified for her duties, in consequence of which a great portion of them devolved on herself. She now became very religious, and three weeks after her confinement was taken with a chill, headache, delirium, and fever; which was followed by violent mania. When admitted she was greatly excited—incessantly talking, laughing, and crying; supposed she was Jesus Christ, and gave commands to her attendants accordingly. The tongue was moist, but coated in the centre, the sides of a bright red; pulse 100, small, quick, not easily compressed. Complains of some pain, with sense of fulness in the head.



*Treatment.*—The head was shaved and ice applied freely; she was cupped on the nape of the neck; a cathartic of rhubarb and calomel was prescribed, with ice lemonade for drink, and light vegetable diet. As the cathartic did not operate freely, the sulphate of magnesia was directed. This treatment was continued, with an occasional opiate to allay restlessness, for six or eight days, about which time her mania abated, and there was a gradual and complete restoration of mind. She was discharged on the thirtieth day after admission.

J. C. ANDERSON.

### ART. III.—ABSTRACT OF A LECTURE ON THE DIVISION OF THE TENDO ACHILLIS AND OTHER TENDONS.

BY MR. LISTON.

(Delivered at the University College Hospital.)<sup>1</sup>

*Division of the Sterno-mastoid for Torticollis; of the Tendo Achillis for Club-foot; of Flexor Tendons for Contracted Knee-joint; of the Tendons of the Toes, for inflamed Corns, &c.*

In the commencement of his lecture Mr. Liston said the division of tendons for the cure of deformity was by no means a new proceeding; it was frequently resorted to by many of the older surgeons, among whom were John Mekran and Mr. Sharpe, a surgeon of Guy's Hospital, nearly a century since, which latter was in the habit of dividing the origin or attachments of the sterno-mastoid muscle, for the cure of torticollis. This operation had been repeated of late years by Sir B. Brodie, by the late Baron Dupuytren, and he, Mr. Liston, had seen cases in which its performance was attended by good results. It was a proceeding, however, which was not frequently called for, inasmuch as the twisted state of the neck was generally produced by disease of the vertebræ, or from a painful swelling or ulcer on the side of the neck, producing such an alteration in the structure of the part as to render operative proceedings useless. Delpech might justly be considered as the founder of the operation of dividing the tendo achillis for the cure of club-foot. He had related, in his "*Chirurgie Clinique*," several cases of varus, as they were called, and described the plans of his apparatus for carrying out his mode of curing them. One or more cases were related in which the tendon was divided. His plan was to make a longitudinal incision on each side of the tendon, through which he slipped his knife, and divided the tendon from before backwards. Within the last year or two a great number of cases in which the tendo achillis had been divided, had occurred, and were related by the operators, Stromeyer, Dieffenbach, Guerin, and Dr. Little, who himself was the subject of varus, and had published a thesis on the deformity. This gentleman had also latterly published a number of cases in which the tendo achillis was divided for the cure of deformity, to which he had given odd and long-sounding names, such as *talipes equinus verus*, &c. &c. The deformity of the foot presented itself in a variety of forms. When the under part of the foot was turned inwards, the deformity was termed varus. In other cases, the foot was turned outwards. The first, however, was the most common deformity, and in this case the toes were turned inwards, the patient rested on the cuboid bone, and the root of the metatarsal bone of the little toe. The bones of the foot in this kind of deformity were little altered in form or appearance. They had attained their ordinary size, and were little distorted regarding their position one with another. After a time, however, if the deformity was not remedied, the bones on the inner side of the foot dimi-

<sup>1</sup> Lancet, June 23, 1838, p. 421.

nished in size by interstitial absorption; the internal cuneiform, the os calcis, and the soft parts covering them, became altered. The patient rested on this part, the integuments of which became thickened, and a bursa formed in this situation. The limb on the affected side, to the knee-joint at least, lost its size and strength, the muscles becoming soft and flabby, and losing their red appearance. In many cases which were met with, the heel was much elevated, owing to the natural shortness of the gastrocnemius and soleus, and their combined tendon; other tendons were also necessarily shortened, while, on the other hand, some tendons, as those of the peronei, were of course elongated. Sometimes, in the deformity called "horse-foot," the patient rested on the distal extremities of the metatarsal bones; this deformity was congenital, sometimes affecting both, sometimes one of the feet. A variety of apparatus had been invented for the purpose of curing these deformities, almost every instrument-maker having a plan of his own. The celebrated Scarpa had recommended one kind of instrument, Delpech another, and Mr. Colles, of Dublin, another. Sometimes the use of an iron, which, passed up on each side of the leg, if continued for years, might effect a cure, but there was always much opposition from the contracted state of the tendons, particularly of the tendo achillis, the division of which much accelerated the cure, leaving the instrument-maker much less to do, or at all events diminishing his difficulties. When the tendo achillis was divided by accident, it united after a time in a favourable manner, a substance being deposited between the ends of the divided tendon; this substance became dense and fibrous, and could not be distinguished from the tendon itself. Horses were subject to an acquired deformity, in which they walked on the point of the hoof of one of their feet. Most of the pupils had seen horses going about with this deformity. Veterinarians had long been in the habit of cutting across the flexor tendons for the relief of this state; they were not at all particular as to the mode in which they performed the operation; they just drew the knife across the leg, and brought the foot into its proper position; the tendons soon united, even though, in some cases, there was a space of three or four inches between the ends of the divided portions, new matter, resembling the original tissue, soon filled up this space, and the cure was completed. It was from reasoning on these facts that Delpech was induced, in 1816, to resort to the proceeding of dividing the tendo achillis, but he cut through the integuments awkwardly. (Mr. Liston here exhibited several casts, also specimens of the deformity, at various ages, dissected, and a horse's tendon, which had been cut and united.) There, said he, was a specimen of varus; and there two cases in which the foot was permanently extended, the patient, in one case, having walked on his toes with one foot; in the other, both feet were affected from birth. In all these cases the foot was brought into the natural position by division of the tendo achillis, which proceeding materially assisted the apparatus-maker. He alluded shortly to a case of acquired extension of both feet which had occurred some years ago, during a severe attack of rheumatic gout, or rather of gonorrhœal rheumatism. The heels could not be brought within several inches of the ground; the patient had been to watering-places, and had been most judiciously and anxiously treated, but without relief. The tendons, in a most rigid state, were divided with great benefit. The operation was easily performed; there was no necessity of dividing the integuments; a small punctured wound with a very narrow bistoury, or what was better, with a needle somewhat resembling a cataract needle, being sufficient. He had divided many with that needle (showing it) with scarcely a perceptible external wound; the tendon was first to be felt for, and being found, the instrument was to be passed close to it, between it and the bone; there were no blood-vessels or nerves likely to be wounded; the point of the instrument was then to be turned towards the tendon, which was to be tickled through and divided gradually; the division was indicated by an audible snap. There was a slight effusion of blood internally about the ends of the divided ten-

don, but there was no mark or external injury, no swelling, inflammation, or its consequences. The extremities of the tendon soon poured out plastic matter, and this uniting medium, at the expiration of about ten days, might be extended by means of the apparatus employed for this purpose, and in six or eight weeks the foot would be brought into its natural position. In this case (showing a cast), the patient's foot was not only extended but turned inwards. A cure was effected by a rod which was passed up the inner side of the foot. In this case (showing another cast) the patient had distortion of the spine accompanying the deformity of the foot. In two months after the division of the tendon he was able to walk about, the foot being of the natural shape, and altogether of a better form; there was only a little bulging to be perceived in the situation of the divided tendon. There (showing the bones of a foot) was a case in which all the bones were altered in form; the os calcis was smaller than usual. This patient walked all his life on the outside of the foot; a large bursa had formed underneath the thickened cuticle.

The division of tendons answered the purpose of curing deformities in other situations. A case had been in the hospital in which the knee-joint was contracted. The tendons of the semi-membranosus and semi-tendinosus were divided. The contraction, in this case, resulted from an attack of rheumatism some time since. After the tendons were divided, a screw-joint apparatus was applied, similar to that used in fractures of the bones of the leg, by which means the leg could be gradually extended from day to day by turning the screw. The knee-joint of this patient originally formed a right angle, but she was now enabled to put her toes to the ground, though she was still obliged to use crutches. He, Mr. Liston, would get the knee extended an inch or two more, if possible, not quite straight, however, as the patient would not walk so well as though it were slightly bent. He hoped, by dividing the tendon of the biceps, to produce this extension.

He, Mr. L., has also latterly divided the tendons of the toes—an operation, he believed entirely new—for a common deformity. He often found the toes bent permanently; the middle toe, generally, sometimes the little toe, which stood up above the others. This deformity was either congenital, or arose from the use of tight shoes. The integument on the convexity of the joint became thickened, and a corn formed. The pain in these cases was sometimes so severe that the patient begged that amputation might be performed. A corn, as the students were aware, not only consisted in a thickened state of cuticle, but there was often a small adventitious bursa underneath it; this bursa sometimes inflames and suppurates; here was a specimen in which this was seen (showing a preparation), and in this case the toe was amputated. In this specimen the papillæ of the cutis were also much enlarged; this occurred from the greater demand for the secretion of cuticle, as was also observed in the paw of the dog. Some chiropodists, as his friend, Mr. Durlacher, were very dexterous in cutting out a corn, and with scarcely any pain, by which means a cure was effected; but in cases in which the toe was, from its awkward position, constantly subjected to pressure, the suffering was much increased, and interference with the corn was of little use. It was in such cases that patients applied for the performance of amputation. He, Mr. L., had some time ago been requested by a gentleman to amputate both his little toes, which had become affected in the way described. In this case he did not wish to remove the toes, but the suffering was so great that the patient insisted on its being carried into effect. At length it was agreed that one toe should be removed, on condition that the other toe should be treated as he, Mr. L., wished, by the division of the extensor tendon. This proceeding was accordingly adopted. The toe, the tendon of which was divided, was brought into its proper position, and the foot soon became healthy and well. The patient was laid up with the foot from which the toe had been removed, for five or six weeks, an abscess having formed on the dorsum; and he did not go sound for long

after with this foot, while with the other he need not have been confined a single day. He, Mr. L., had operated on cases of a similar nature successfully, and had others under his care, in which he meant to pursue the practice. It did not deserve the name of an operation, being unattended with pain, or the loss of more than one drop of blood.

#### ART. IV.—BLOCKLEY HOSPITAL REPORTS.

*Observations on the Effects of Iodine.* By ALEXANDER M. VEDDER, A. M., of New York, one of the Senior Resident Physicians of the Philadelphia Hospital.<sup>1</sup>

There are usually, in the venereal wards of this institution, from fifty to sixty patients, male and female; by far the greater number of whom do not enter until they are compelled to do so on account of the development of secondary symptoms. During the winter of 1837-8, the visiting surgeon gave the various preparations of iodine a fair trial, both internally and by external application.

Our attention was early called to the two following points,—does iodine cause inflammation of the mucous membrane of the stomach and bowels? and does it promote absorption of the testes? From the subjoined observations, and from the observation of at least fifty patients who took this remedy, we are led to answer that it does not.

CASE 1.—J. O'D., ætat. 25; entered the ward with syphilitic rheumatism.

October 21st, 1837.—Commenced taking Lugol's solution (gtt. v. ter die). Soon after his entrance syphilitic iritis became developed, which was treated by local and general depletion, and revulsives to the alimentary canal; by which means he was cured of that affection. On the 1st of January the solution was suspended, and the following substituted:—R. Iodini gr. ii ss.; potassii iodidi gr. v.; aquæ ʒiv. M. Sumat cochleare parvum quater indies.

This prescription was continued until the 23d of January, at which time the patient was unable to perceive any difference in the size of his testes.

CASE 2.—John M., ætat. 27, entered the Eye Ward with chronic inflammation of the conjunctiva. Was treated locally by anodyne and stimulating applications. He commenced taking Lugol's solution (gtt. v. ter die) on November the 21st, and continued it until January the 5th. Thinks his testes are neither larger nor smaller than before taking the iodine.

CASE 3.—Jacob S., ætat. 18. This patient entered the ward with secondary syphilis. His limbs and face were covered with ulcerations, varying from the size of a shilling to that of a dollar. He had treated himself with mercury and was severely salivated. Was very feeble and much emaciated at his entrance. The sulphate of quinine was prescribed for him, with good diet and porter. Had also severe syphilitic rheumatism. The pustular eruption and ulcers were treated successfully by the application of the tincture of iodine.

December the 16th, 1837.—Commenced taking the liquor ferri hydriodatis (gtt. v. ter die), and on December the 31st, ten drops of the tinctura opii were added, which were continued until the present time (February 2d, 1838). The testes are small, and the patient thinks *rather smaller* than at the time of entrance, *but he is not sure*.

CASE 4.—Frederick S., ætat. 34; entered with syphilis. His buboes were treated with the unguentum iodini and the cupri sulphas. November the 21st, commenced taking Lugol's solution (gtt. v. ter die); and, on the 28th,

<sup>1</sup> These observations were made by myself and Edward M. Moore, M. D., late Resident Physician of the Philadelphia Hospital, and now Resident Physician of the Frankford Asylum for the Insane.—A. M. V.

the dose was increased to gtt. x. ter die. Continued taking ten drops until January the 21st, 1838, when the following was substituted:—R. Iodini gr. x.; potassii iodidi ℥i.; aquæ ℥iv. Sumat fluidrachmam ter die.

This prescription was continued until the 2d of February. The patient can perceive no alteration in the size of his testes.

CASE 5.—Hugh K., æt. 25. This man has been in the Venereal Ward since August 1836. He entered with hernia humoralis and ozæna. His constitution is completely broken down. Has been salivated several times. Had sore throat when he commenced taking medicine, as well as pain in his bones.

November 21st, 1837.—Began with Lugol's solution (gtt. v. ter die), and on the 13th of December the dose was increased to gtt. x. December the 21st the following was substituted:—R. Iodini gr. v.; potassii iodidi gr. x.; aquæ ℥iv. M. Sumat fluidrachmam ter die.

This was continued until the 15th of February. One testicle suppurated soon after his entrance; the other became atrophied. The patient can perceive no difference in the size for the last six months, which includes the time he has taken the iodine.

CASE 6.—William N., æt. 23, contracted syphilis two years since. Has been salivated twice. The glans penis sloughed off. Has had secondary eruption and rheumatism since his entrance. The eruption now (Feb. 2, 1838) covers his face. Has also an ulcer on the corpus spongiosum, and probably ulceration in the urethra. Is of a nervous temperament. Has taken gentian and Dover's powders along with the iodine. December 13th, 1837, took the following prescription:—R. Iodini gr. ii ss.; potassii iodidi gr. v.; aquæ ℥iv.; capiat fluidrachmam ter die.

December 20th.—The quantity of iodine and iodide of potassium was doubled; and on the 2d of February, 1838, it was discontinued. The testes are of good size; the patient is unable to perceive any alteration in them.

CASE 7.—David B., æt. 34. November, 2, 1838. Entered the ward with syphilis: fungous testicle, caries of the cranium and of the bones of the fore-arm, and syphilitic rheumatism showed themselves soon after his admission.

November 28th.—Took Lugol's solution, (gtt. v. ter die.)

December 13th.—The dose was increased to gtt. x.

December 20th.—The liquor ferri hydriodatis, in the dose of five drops three times a day, was substituted; and on the 26th the dose was increased to ten drops three times a day. It was discontinued on February 2d, 1838.

The disease of the testicle in the mean time got well; but on the 1st of February it again became sore; the scrotum suppurated and exposed the body of the testis. The sound testis is somewhat smaller. Patient thinks it *has grown smaller* within the last three months, which includes the time he has been taking the iodine.

CASE 8th.—Michael D., æt. 25. Had primary syphilis fifteen months since; soon after the attack, was salivated, and discharged cured, three weeks after the appearance of the disease. A few weeks afterward secondary symptoms showed themselves. He entered the ward in July 1837. Has been salivated once since.

December 21st.—Commenced taking the following mixture:—R. Iodini gr. ii ss.; potassii iodidi gr. v.; aquæ ℥iv. M. Ft. solutio cujus sumatur fluidrachmam ter die.

This was continued until the 29th of January. His testes are tender and very small, but he thinks no smaller than before he took the iodine.

CASE 9.—James M., æt. 37 years. Had a discharge two years since from the urethra; "*never had sores.*" About three weeks after the attack was treated by a physician for psora with the unguentum hydrargyri, which salivated him. The "*running*" was cured in a few days. Entered the ward on the 8th of January, 1836, with pains in the bones and nodes. Has been

salivated four times since his entrance. November the 21st took the following:—R. Iodini gr. ii ss.; potassii iodidi gr. v.; aquæ ʒiv. Sumat fluidrachmam ter die.

This was continued until the 23d of February, 1838. During the last eight weeks has had orchitis of the left testis, and hydrocele of the right side for six months. The orchitis was treated with evaporating lotions and the black wash without much relief. A blister to the inside of the thigh relieved him most. For the last week has been treated with unguentum plumbi protoiodidi to the testis. The inflammation and pain have since subsided. The testis of the right side is of natural size.

It will be seen that no mention is made in these observations of the effects of iodine on the stomach. Of the large number of patients who took it, we saw but one case in which we suspected gastric inflammation; the symptoms disappeared, however, in a day or two. They were probably incidental, and in no way connected with the medicine.

A. M. VEDDER.

### BIBLIOGRAPHICAL NOTICE.

#### *Jeanes's Homœopathic Practice of Medicine.*<sup>1</sup>

This work—like all the homœopathic productions on the practice of medicine—is calculated to make the rational practitioner—homœopathist as well as allopathist—ponder as to the value of reputed experience. If, indeed, we compare its inculcations with those of the works on the practice of physic which appeared one hundred and fifty years ago, we observe a striking similarity in the authoritative manner in which particular remedies are prescribed for particular diseased conditions. Yet most of those ancient remedies are now neglected, although all will be ready to admit that they must have been recommended originally on fancied experience. Subsequent experience seemed, however, not to corroborate the impressions of our forefathers, and accordingly they have been discarded. Yet which decision, it may be asked, was the more correct? We should unhesitatingly say the latter, in most cases; for we may well doubt the potency of any remedy whose operation cannot be rationally explained; and every physician of extended opportunities well knows, that his cases proceed with infinitely more satisfaction when he reposes upon general principles, than when he drugs his patient irrationally, owing to his undue confidence in the adaptation of special remedies for special morbid conditions.

We are bound to suppose that in the case of all the remedial agents recommended in the homœopathic works, experience has sanctioned their employment; otherwise we must presume that there has been intentional deception, of which—except from the character of the recommendations—we have no sufficient evidence.

Regarding them then as the suggestions of “experience,” let us adduce a few extracts from the work before us, in which there is a singular freedom from all pathological and therapeutical discussion, whilst the remedies are pointed out as categorically as mercury is in syphilis, by those who sagely

<sup>1</sup> Homœopathic Practice of Medicine. By Jacob Jeanes, M. D. 8vo, pp. 392. Philadelphia, 1838.

esteem it as an antidote, who eschew all "rational" practice, and regard pathology as of no assistance to therapeutics,—of whom, fortunately, there are, at the present day, but few so benighted.

The following are amongst our author's definitions and prescriptions for particular affections; given—it will be observed—in a very aphoristic, if not in a very lucid, manner.

"FISTULA IN ANO. *Calcis c., co-cto veg., nux v., sulph.*, have been employed in this disease with advantage."—p. 25.

"APHRODISIA [APHRODISIA].—Functional disorders of the organs of generation. [?]

"SATYRIASIS, *nux v. cinch., camph.* PRIAPISMUS, *pulsat.* ONEIROGSMOS, *aconit. acid phos., conium, pulsat.* IMPOTENTIA, with sexual desire but absence of erection, *camph., acid mur., cinch.*; I. from excessive venery, *acid. ph.*; I. from onanism, *conium, lycopod., sepia*; I. with erection without seminal emission, *magnes. pol. austral.*; I. with induration of the testicles, *lycopod., graphit., sulphur.* NYMPHOMANIA, *platin., dulc., verat.*; STERILITAS, *cannab., calcis carb., phosph.*"—p. 27.

"PARONYCHIA.—Panaris. Panaritium. Felon. Whitlow.

"*Silex.* P. cutanea; P. tendinis; P. periostii.

"This remedy has been found useful in all the forms and stages of paronychia; but it is the chief, if not the only remedy, now known for those cases which have been badly treated in the commencement, until there is a painful fungous ulceration formed, or caries of one or more of the phalanges has taken place. The curative power evinced by *silex*, in these cases, is very great.

"*Sulphur.* In all the forms of paronychia, in their incipient stages, sulphur is the remedy generally recommended by those who have had much experience in the treatment of this disease. In P. cutanea, with suppuration under the nail, it has been found useful.

"*Magnet. pol. arct.*, as also *sepia* have been reported to have proved highly beneficial in paronychia."—p. 320.

These examples are sufficient to show the manner and matter of some of the parts of the work, which, by the way, as regards the type and the paper—the whole "getting up," indeed,—is creditable to the taste of the author, and to the skill of the printer.

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*Diagnosis of Amaurosis and Cataract.* By M. SANSON.—In a lecture on ophthalmology recently delivered to his class, Prof. Sanson expressed himself in the following language:—"When you hold a light before the eye of a person affected with amaurosis, and in whom the pupil is enlarged by disease or by the action of belladonna, you see constantly and plainly in the patient's eye three images of the flame. Two of these are upright and one reversed; and they appear in the following order:—The foremost, which is also the most conspicuous, stands upright; the deepest, which is also the palest, is likewise upright; and the third, which is situated between the other two, is inverted. This last image, which is paler than the first, but more vivid than the second, is the smallest, and has this property, that in the side motions which you make with the light, it constantly appears on the side opposite to the latter, while the two first on the contrary always follow it. As it is difficult for one who has never seen this triple phenomenon, to detect it, the following directions will aid you in so doing:—The patient must be placed as much in the dark as possible, and the observer, who stands exactly in front of him, carries the light toward the external side of the eye, in such manner that the upright prominent image, which is very large and very bright, appears in the external and upper part of the

pupil; the inverted image is then remarked, about a line distant from the preceding, at the union of the middle with the lower third of the diameter of the pupil. If foiled in this attempt, you must move the light slowly up and down, and the image will be observed to perform corresponding motions. The hindmost image, which is much paler and larger than the inverted, is somewhat difficult to find. If the light is placed at the external angle, the inverted image must be sought exactly inwards from the prominent one, of which it is probably the reflection. In cataract, whatever the degree in which the disease exists, these signs are wanting."

The author of these remarks has since performed a series of experiments, partly with artificial lenses, and partly with the eyes of animals, the result of which is as follows,—the prominent upright image is produced by the cornea, the inverted by the posterior segment of the capsule, the posterior by the anterior segment of this membrane. If the aqueous humour disappears, so that the cornea is brought nearer to the lens, the inverted image becomes the prominent one. When all the images are wanting, it follows that the cornea is so opaque as to prevent the rays from reaching the lens and its capsule. On the same ground, when two of the images are wanting, these must be the two deepest. When one only is wanting, it must be the inverted one. When all three are present, it proves that there is nothing unusual in the lens, and the cause of blindness must be sought elsewhere. The most important fact is, that M. Sanson has derived practical advantage from these new pathognomonic signs in three cases, viz. a case of glaucoma, and one of amaurosis, which had been mistaken for cataract; and a third case of supposed amaurosis, in which M. S. succeeded in detecting a real cataract.

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*External Application of Calomel for Chancre.* By EDWARD J. BURTON, M. D., Assistant Surgeon, Royal African Corps.<sup>1</sup>—The internal administration of mercurial preparations being at the present time considered by many not only useless but even injurious, it becomes a desideratum to discover some effectual and speedy method of curing primary syphilitic sores. Having seen many cases of chancre, some not characterised by any bad symptoms, others again in every feature resembling the Hunterian chancre, with excavated edges, indurated base, &c., cured by the simple treatment I mean to detail, I think it not inappropriate to lay it before the profession.

CASE 1.—Several years ago a gentleman who had contracted a sore on the penis, having all the characteristics of chancre, consulted me. The bowels being opened by an aperient, I applied the nitrate of silver to the sore, covering it with lint; this I removed in twenty-four hours. I now covered the surface of the sore with calomel, applying a piece of lint as before; this dressing I also removed in twenty-four hours. After the first application of the calomel I was struck with the evident improvement in the appearance of the ulcer; on the second application the sore was not only much improved in appearance, but nearly cicatrised; on the third application the sore was entirely healed. Being probably struck by the result of this case, I have ever since adopted this treatment, and invariably with success. More recently, at the Chatham Military Hospital, I had an opportunity of putting this treatment to the test in an exceedingly satisfactory manner.

CASE 2.—M. T—, a young soldier, of full habit and good constitution, was admitted into hospital with a syphilitic ulcer of the penis, situated at the junction between the glans and prepuce; he was treated for eight or ten days, before he came under my care, by the usual applications, such as solution of the sulphate of copper, black wash, &c., without any apparent benefit. The sore now presented a surface as large as a sixpence, and of

<sup>1</sup> *Lancet*, June 30th, p. 479.



unhealthy appearance; I immediately applied the nitrate of silver and calomel in the manner above described, and in three days the patient was dismissed to duty.

Having shortly after received two patients with chancres on the penis, in every way similar, to one I applied the *nitrate of silver and calomel*, for the other I prescribed the compound mercurial pill and the black wash. The patient treated in the former way was cured by three or four applications; the latter improving, but slowly, after eight or ten days I stopped the mercury and black wash, and applied the calomel and nitrate of silver with the usual success. My friend, Dr. Burgess, of London, can testify to the efficacy of this method of treatment, having witnessed several of the cases.

Although the practice here recommended is entirely local, I do not wish it to be inferred that I confine myself altogether to local means for the cure of syphilis; indeed, if we keep in view the prevention of secondary symptoms (a thing never to be neglected) the records of the medical department of the army are in favour of the internal administration of mercury for that purpose. But the speedy cure of the primary ulcer is, in all cases, a matter of great importance, as the more quickly the sore is healed the sooner the syphilitic virus ceases to be taken up by the absorbents.

Chatham, June, 1838.

**Tannate of Lead in White Swelling.**—This remedy has been strongly recommended by Fantonetti,<sup>1</sup> one part of the tannate being added to two parts of the unguentum rosatum, or any simple ointment, and rubbed for some time on the affected parts night and morning.

**Mortality from Amputations.**—In an interesting statistical article, lately published by Dr. G. W. Norris, Surgeon to the Pennsylvania Hospital,<sup>2</sup> he draws the following important deductions relative to amputation, as the result of seven years' practice in the Pennsylvania Hospital.

"1st. That amputation is to be regarded as an operation attended with much danger to the life of the individual.

"2dly. That the chances of success after it are much greater in persons who have been for some time suffering from chronic diseases, than in those who have it done whilst enjoying robust health.

"3dly. That amputation of the lower extremity is much more fatal than that of the superior member, and

"4thly. That the danger increases with the age of the individual operated on."

Fifty-six amputations were performed, the results of which will be best exhibited by the following table:—

	Number of cases.	Died.
Thighs, 13 {	For chronic diseases, 7	2 {
	Accidents, 6	4 { 6
Legs, 16 {	For chronic diseases, 3	2 {
	Injuries, 11	7 { 9
Feet, . . . . .	4	1
Shoulder joint, . . . . .	2	1
Arms, . . . . .	6	2
Forearms, . . . . .	13	2
In the continuity of the metacarpal bones, }	2	

<sup>1</sup> Giornal. di Patholog. di Venezia, Gaz. Med., No. 7, 1838, and Zeitschrift für die gesammte Medicin. Mai, 1838, s. 84.

<sup>2</sup> Amer. Jour. of the Med. Sciences, Aug. 1838, p. 315.

"Of the above 56 amputations on 55 patients," says Dr. Norris, "24 were primary, of which 14 were cured and 10 died,—four of the deaths occurring within the twenty-four hours immediately following it; 12 were secondary, of which 5 were cured and 7 died; 20<sup>1</sup> were for the cure of chronic affections, of which 15 were cured and 4 died; 23 of the amputations were of the upper extremity, of which 18 were cured and 5 died; 33 were of the lower extremity, of which 17 were cured and 16 died; 6 were amputations of the joints, of which 4 were cured and 2 died.

Of the fifty-five patients operated on,

9 were under 20 years of age, of whom 8 were cured and 1 died."						
21 between	20 and 30	"	"	15	"	7 "
16 between	30 and 40	"	"	9	"	7 "
9 between	40 and 50	"	"	3	"	6 "

Mr. Benjamin Phillips, Surgeon to the St. Marylebone Infirmary, has been investigating the same subject. In a late number of a British periodical<sup>2</sup> he has published "Observations arising out of the Results of Amputation in Different Countries," being the substance of a paper read before the Royal Medical and Chirurgical Society, at a meeting held on the 14th of November, 1837.

In this paper he concludes that the mortality succeeding to amputation is very great—23 per cent.; and the following is the "proportion furnished by the different countries implicated in the enquiry."

	Cases.	Deaths.	Per cent.
France,	203	47 or	23.6
Germany,	109	26	23.9
America,	95	24	25.3
Great Britain,	233	53	22.6
	640	150	23.4

The per centage according to the estimates of Dr. Norris is still greater.

We stated in an early number of the "Intelligencer,"<sup>3</sup> that "in some of these trying cases, which occasionally present themselves to the surgeon, and which were formerly doomed universally to the knife—such as compound fractures and luxations—and where he decides upon saving the limb and the patient dies, it is too commonly believed, that if amputation had been resorted to life would almost certainly have been preserved." The enquiries of Dr. Norris and Mr. Phillips offer additional evidence of the erroneous nature of such an inference.

We trust that the surgeons of other large hospitals will follow the example set by these gentlemen, and publish their experience to the profession.

**Dartmouth College.**—Dr. Oliver Holmes has recently been elected to the Chair of Anatomy; and Drs. Dixi Crosby and Elisha Bartlett to the Chairs of Surgery and Theory and Practice of Medicine in this institution.<sup>4</sup> The first of these gentlemen is well known to the profession by the contributions which he has from time to time offered to science,—some of which we have noticed in the "Intelligencer."

<sup>1</sup> One of the patients here included suffered double amputation.

<sup>2</sup> Lond. Med. Gazette, for June 9, 1837, p. 457.

<sup>3</sup> Vol. I., p. 47.

<sup>4</sup> Boston Medical and Surgical Journal, Aug. 15, 1838.

## NECROLOGY.

*M. Dugès.*—This gentleman, who was professor at Montpellier, died recently of typhus fever, at the age of 41.<sup>1</sup> He was well known by his work on diseases of the uterus, written in conjunction with Madame Boivin. He was likewise the author of an elementary Treatise on Midwifery, and of several articles in the Dictionnaire de Médecine.

*Dr. Deckman, of Kiel.*—This eminent physician, who was born at Rendsburg, in 1798, was Extraordinary Professor of Anatomy and Surgery in the University of Kiel.<sup>2</sup> He published in 1830 his "*Studium Anatomiae et Physiologiae.*" He was the author of several reports of the surgical clinic of Frederick's Hospital, in Pfaff's *Mittheilungen*, for 1833. He died of phthisis, on the 25th of Feb., 1837, in the 39th year of his age.

## BOOKS RECEIVED.

*From the Publishers.*—Human Physiology; illustrated by engravings. By Robley Dunglison, M. D., M. A. P. S., Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Philadelphia, one of the attending Physicians to the Philadelphia Hospital (Blockley), Fellow of the College of Physicians of Philadelphia, &c. &c. (With a motto.) 2 vols., pp. 562 and 620. Philadelphia, 1838.

*From the Author.*—The Second Annual Report of Dr. Francis T. Stribling, Physician to the Western Lunatic Asylum; made the 7th of July, 1838. 8vo, pp. 21. Staunton, Va., 1838.

Proceedings of the Physico-Medical Society of New Orleans in relation to the trial and expulsion of Charles A. Luzenberg, (with comments on the same.) Published by order of the society. 8vo, pp. 20. New Orleans, 1838.

Transylvania Catalogue of Medical Graduates, with an appendix, containing a concise history of the school from its rise to the present time. 8vo, pp. 35. Lexington, 1838.

Manuel de Clinique chirurgicale, à l'usage des étudiants et des praticiens, contenant la manière d'observer en chirurgie, un exposé des signes diagnostiques et des caractères anatomiques des maladies chirurgicales, et un sommaire des indications curatives; par A. Tavernier, Docteur en Médecine de la Faculté de Médecine de Paris, &c. Troisième édition. 12mo, pp. 440. Bruxelles, 1835.

Handbuch der medicinischen chemie nach den neuesten und besten quellen, mit berücksichtigung ihrer technischen anwendung, bearbeitet für Aerzte, Wundärzte und Studirende, so wie zum Selbststudium und zur vorbereitung zum Examen, von Karl Gottlieb Wilh. Reichel. Bevorwortet von D. Heinrich Ficinus, Professor der Physick und Chemie an der chirurg. medicinischen Akademie zu Dresden, &c. Leipz. und Baltimore, Md. 8vo, zwey abtheilung. S. 324 und 302.

Grundriss der medicinischen Recepterkunst und der systematisch-practischen Arzneimittellehre in tabellarischer Form, für täglich practische Benutzung, als auch zur Repetition bestimmt; nebst einer Sammlung der wichtigsten und gebräuchlichsten Formeln, sowohl zum therapeutischen gebrauche in geeigneten Fällen, wie als practische Beispiele zur Erläuterung der Receptirkunst geordnet von Dr. Carl Johann Alexander Venus, practischem Arzte zu Rastenburg. S. 390. Weimar, 1838.

<sup>1</sup> Lancet, for July 7, 1838, p. 526.

<sup>2</sup> Brit. and For. Med. Rev., July, 1838, p. 290.

## AMERICAN MEDICAL INTELLIGENCER.

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## ART. I.—ON THE HYDRATED PEROXIDE OF IRON, AS AN ANTIDOTE FOR ARSENIC.

BY ROBERT B. HALL, M. D.

Princess Anne county, Virginia, Aug. 6, 1838.

*Professor Dunglison.*

The hydrated peroxide of iron has, for some time past, been engaging the attention of the medical world as an antidote for arsenious acid. Much contrariety of opinion exists upon the subject, and while many of the most prominent members of the medical corps exhibit a spirit of scepticism with regard to its anti-arsenical virtues, still, a host of names, "not unknown to fame," are disposed to consider its properties in this point as specific. The object of this communication is to sum up, in a concise manner, the most positive testimony in favour of its properties as a counter-poison, which my limited opportunities have enabled me to collect, and at once submit it to the medical world, together with a few experiments of my own, in order that some of your numerous readers, who feel interested in the subject, may, by comparing experiments, or otherwise, incontrovertibly establish an important point in toxicology.

In the Bulletin Générale de Thérapeutique, for December, 1834, MM. Soubeiran and Miguel, of Paris, have published their experiments with the supposed antidote upon the canine species. The acid was first given, with the view of testing the anti-arsenical properties, said to be inherent in the economy of the dog family. The administration of large doses of the poison produced copious vomiting, and in every instance the animals submitted to their experiments recovered, without any other pathological symptom; it therefore became necessary to tie the œsophagus after the introduction of the arsenious acid, to obviate vomiting; the consequence of this step was the uniform death of the dogs in from two to four hours. The third step in the experiments consisted in giving a certain portion of the poison, followed by twelve times its amount of the hydrated tritoxide of iron; and an immediate closure of the œsophagus by ligature,—life was prolonged to seventy-eight, eighty-four and ninety hours. It must be here remarked that tying the œsophagus is a fatal operation, and generally destroys life in from sixty to one hundred hours. Consequently the salutary effects of the iron cannot be doubted in these cases, for where the arsenic was given, and the ligature tied, *without* the administration of the antidote, the longest period of sufferance was four hours. Several other experiments were instituted to determine how long after the admission of arsenic into the system the antidote may be given with a reasonable hope of success; the results all tended to prove the value of the iron, and the experimenters emphatically conclude that it is a counter-poison where arsenious acid has been swallowed.

Drs. Borelli and Demaria, two physicians of Turin, have published in substance the following:—

**Experiment 1.**—Twelve grains of arsenious acid given to a dog; the œsophagus tied, but no peroxide of iron administered. Result, death in three hours.

**Experiment 2.**—Nine grains of arsenic given to a dog, and immediately after three ounces of hydrated tritoxide of iron, the œsophagus tied; seven hours afterwards the ligature was loosened to introduce another dose of the antidote. The animal lived ten days, and was then killed for a necroscopy.

**Experiment 3.**—Fourteen grains of the poison, given to a large dog, and the œsophagus tied; it was loosened half an hour afterwards to introduce one ounce of the iron. The dog perfectly recovered, and was killed some days subsequently, by a dose of arsenic administered without the antidote.

**Conclusions.**—Four and a half parts of the iron necessary to neutralise one of arsenious acid. The hydrated iron loses its virtue by age; if *fresh*, it is as certain an antidote to arsenious acid as albumen is to corrosive sublimate.

In the *Journal de Médecine et de Chirurgie pratique* for September, 1835. M. Geoffroy, treated a hair-dresser, who had taken an ounce and a half of white oxide of arsenic. He gave 3 vi. ss. of hydrated peroxide of iron, in divided doses. The patient recovered. **Conclusions**,—the iron an antidote; it also produces a brisk catharsis, independent of its counter-poison properties. The iron should be freshly prepared.

In the *Journal des Connaissances Medico-chirurgicales* for November, 1835. MM. Bineau and Majesté, of Saumur, attended five little girls, who had eaten of cake, containing arsenic, prepared for the purpose of destroying rats; from four to six ounces of iron was given to each child with the happiest results. **Conclusion**,—the hydrated peroxide of iron a certain antidote for arsenic.

Professor Von Specs, of Vienna, has recorded some experiments in a German Journal, which have been transferred to the pages of "Bell's Library," for January, 1838. Results satisfactory.

In Professor Dunglison's "*Medical Intelligencer*," vol. 2, No. 1, Dr. Joseph E. Muse, of Maryland, has published his experiments with iron upon a dog. Result unsatisfactory—the animal drugged largely, but vomited in the early part of his experiment and recovered. **Conclusion**,—the animal preserved, not by the tritoxide of iron, but by the peculiar anti-arsenical properties resident in the animal economy of the dog.

Dr. Richard H. Thomas, of Baltimore, has published in "*Dunglison's Intelligencer*," vol. 2, No. 8, an account of a case in which he treated an individual who by mistake swallowed twenty grains of arsenic, with the hydrated iron, followed by magnesia. A perfect cure was effected. It is not positively proven that this is a genuine case of poisoning by arsenic, but from the facts connected with the case, there is every reason to believe that the arsenious acid had been swallowed.

I have collected some of the above cases from the "*British and Foreign Medical Review*," to which I would refer those who are interested for a more enlarged description of the numerous experiments. I have been unable to procure but one of the foreign journals to which I have referred (*La Bulletin Générale de Thérapeutique*), but I have no doubt that the translations given by Drs. Forbes and Conolly are faithful.

#### EXPERIMENTS BY THE AUTHOR.

**Experiment 1st.** Twenty grains of arsenious acid given in clear water to a large dog. One hour after, gastric distress; vomiting and perfect recovery.

**Experiment 2d.** Same dose given, and œsophagus tied; death in two hours and seven minutes.

**Experiment 3d.** Three and a half grains arsenic given to a small dog, œsophagus left untied; in two hours much derangement of stomach, but no emesis. Death occurred in four hours and forty-six minutes.

Experiment 4th. Twenty grains of arsenic given to a dog; œsophagus tied. One hour after, one ounce of the hydrated peroxide of iron, mixed with a half pint of water, was thrown up the rectum. Death in sixty-six hours.

Experiment 5th. Twenty grains given to a dog, followed by one ounce of the antidote; œsophagus tied; catharsis and recovery. Conclusions,—arsenious acid innocuous upon the economy of the dog, when given in doses sufficiently large to produce vomiting; if the poison be retained either by ligature or by doses too minute to excite emesis, it is certainly fatal. The hydrated iron is an antidote.

The antidote was procured after Bunsen's mode—3 i. of iron filings is thrown into 3 viii. of aqua regia, and heated gently in a glass vessel; after the iron dissolves, 3 xvi. of cold water are added, and the metal is precipitated by adding 3 iii. aq. ammoniæ. The whole is now agitated and filtered, and the powder dried in the shade for use.

Respectfully your obedient servant,

ROBERT B. HALL, M. D.

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

*Case of Hemiplegia of the Left Side—Local Softening of the Right Hemisphere—Ossification of the Aortic Valves and of the Arteries of the Extremities* Reported by EDWIN A. ANDERSON, M. D., of Wilmington, N. C., and ALEXANDER M. VEDDER, A. M., of Schenectady, N. Y., Senior Resident Physicians.<sup>1</sup>

James Brackenbridge, æt. 63, entered Men's Medical Ward, No. 3, July 4th, 1838. Is a native of Scotland, but has been in America forty-three years: a weaver by trade; married. The following information was obtained from his friends:—Has been subject to slight cough for four or five years. On the morning of the 27th of June, it was observed that he was covered with an eruption resembling measles. On that day he took his breakfast, and felt quite as well as usual. Had a large amount of work on hand, and exerted himself more than usual at weaving. At noon felt unwell, and took a light meal. After dinner, while weaving, he fell down insensible, but recovered his consciousness in a few minutes. Was attended by a physician, who prescribed wine whey and "powders." Had been subject to what he termed a "great heat in his head." No vomiting; no cephalalgia previous to the attack.

At his entrance he was sent to the Surgical Ward by mistake; was then pulseless, and could not speak. Stimulants were administered, and a blister was applied to the nape of the neck. Reaction followed in a few hours.

Present state, July 4th, 1838.—Emaciation considerably advanced. Moderate sized frame. Decubitus dorsal; expression cerebral; lies dozing, with his eyes half closed, but can close them; conjunctiva not injected; pupils natural and equal; the right nostril dilates in respiration, the left does not; mouth drawn to the right side, the left angle depressed; tongue can be protruded, the point decidedly drawn to the left side; speech very thick and slow; no difficulty in swallowing; tongue coated, yellow; intelligence and senses obtuse; memory very feeble; no cephalalgia; no vomiting; appetite not lost; complete paralysis of the extremities of the left side; sensibility of that side diminished; extremities cool; head warmer than the other parts

<sup>1</sup> This is the case, the report of which was promised under *Hemiplegia*, No. 2, in the "Intelligencer," for Aug. 15, p. 156.—Ed.

of the body; passes his urine *guttatim* in bed; no rigidity of paralysed limbs; the arteries of fore-arm are ossified, and the femoral seems to be in the like condition; pulse 84, feeble and small.

Heart.—Impulse feeble; a strong *bruit de scie* or saw sound, synchronous with the first sound, having a ringing character; the second sound is roughened; the abnormal sound can be heard throughout the chest anteriorly.

*Prescription*.—A blister to the nape of the neck, to be kept open.

R. Ammonia carbonatis 3i.; Ft. emuls. 3vi. Sumat cochleare magnum secundâ quâque horâ; wine whey.

N. B.—Has a sloughing ulcer on the right trochanter.

July 5th.—The pulse having risen last evening the ammonia was discontinued. Patient is now more gay; asks for a pipe to smoke. Slept well. Still passes the urine as before. A thermometer, placed under the tongue, rises to 100° Fahrenheit. Pulse 84, feeble.

Continue wine whey.

July 8th.—Less lively than on the 7th; speech still slow, a little less thick; sleeps badly, is delirious at times; passes his urine freely; bowels not moved except by an enema; strength as before; pulse more feeble.

Continue the whey.

July 13th.—Intelligence clearer; memory improved; strength increased; sleeps well; appetite good. The ulcer has assumed a healthy appearance; no cephalalgia; no pain in the extremities; pulse feeble, 72.

Continue the wine whey and let him have good diet.

July 20th.—More feeble; sleeps badly; complains of pain in his limbs; appetite lost; pulse more feeble, and can scarcely indeed be felt.

He died on July the 26th.

*Necropsy, ten hours after death*.—Exterior: emaciation about equal on both sides. No rigidity of either side.

Brain.—The dura mater was thickened, and strongly adherent to the whole surface of the cranium. The arachnoid was of a light slate colour, thickened and clotted with a few white points. Considerable effusion of serum beneath it. It could be readily detached from the substance of the brain. That portion covering the lateral superior and posterior portion of the posterior lobe of the right side was finely injected, and contrasted strongly with the surrounding membrane. The large veins were distended with dark blood. The substance of the brain was of a darker colour than usual. Convolutions remarkably distinct and of good consistence; the medullary portion presenting a few red points. The lateral ventricle of the left side was distended with a slightly opaque serum, about an ounce in quantity. Plexus choroides pale. On removing the substance of the brain on the right side, to the depth of an inch and a half from the summit, a space occupying the centre of this side was found of a reddish colour, much softened, and almost semi-fluid. This pulpy condition extended from within half an inch of the falx to the external portion corresponding with the central part of the parietal bone, including a space of about four inches in diameter. The portion of the brain involved was about the size of a large orange, and resembled, in consistence and colour, the contents of a scrofulous abscess. The tissue was completely broken up. The cortical portion involved could not be distinguished from the medullary. The right ventricle was not involved, and presented a natural appearance. The plexus choroides was of a darker hue than on the left side. The corpus striatum seemed not to be involved in the softening. That part of the brain beneath the ventricle was of good consistence. Cerebellum normal.

Thorax.—The right lung presented externally, in its lower lobe, a dark appearance, and was engorged with blood; the tissue was easily broken up, and contained air. The upper lobes were of a light gray colour and supple; no engorgement or tubercles. The left lung was strongly adherent to the costal pleura by several old bonds of union. The same appearance existed

in its lower lobe as on the right; upper lobe supple. Tissue of good consistence.

**Heart.**—Externally, the right ventricle, in a space of two inches in diameter, was of a white colour. Three other spots, about the size of a shilling, were found on the left ventricle. The left ventricle was three fourths of an inch thick (hypertrophied.) The semilunar valves of the pulmonary artery were soft and flexible. The aortic valves were irregularly ossified, except at their free margins. The ossific deposits were of an irregular shape, angular, and varying in size from that of a grain of wheat to that of a mustard seed—each valve containing fifteen or twenty. The valves were rigid and could not close perfectly. The ossific deposits were on the surface next to the aorta, and were scarcely covered with a membrane.

Half an inch below the valves a deposit of the same character was found, of about the size of a grain of corn. The auriculo-ventricular valves were not ossified. The aorta presented a few roughened points.

The external iliacs, commencing at the bifurcation of the aorta, were ossified; the ossification extending to the termination of the arteries. This ossification was so complete as to prevent collapse of the vessels, and to allow of tubes of solid bone, half an inch in length, being removed. The calibre seemed much diminished in size, the femoral artery admitting with difficulty an ordinary silver female catheter. Commencing at the subclavian artery, the same condition existed throughout the superior extremities. The carotids were not ossified.

**Abdomen.**—The stomach and small intestines were normal. The large intestine contained hardened fæces. Abdominal viscera generally healthy. The bladder was distended with about a pint of urine.

E. A. ANDERSON,  
A. M. VEDDER.

### ART. III.—ON WIND-CONTUSIONS.

(In reply to Dr. Annan, of Baltimore.)

BY JOHN R. PURDIE, M. D.,

Smithfield, Va., Aug. 25, 1838.

In publishing my paper of the 24th May, it was not my object to be drawn into a discussion of the validity of my own or any other person's opinion respecting the cause of "wind-contusions;" neither was it my design to extort from any one praise for "the disposition I have manifested to cast light upon" a "dark subject;" (for this compliment, however, Dr. Annan has my kindest acknowledgments;) but simply to perform an act of justice to one, at least, of the greatest teachers of chemical philosophy our country has ever possessed. It is true, that the opinion of Dr. De Butts conflicts with that of every author I have read on this subject; and it may seem extreme boldness in me to attempt to sustain it, thus opposed by this great array of authority. But as "by the collision of opinions truth is elicited," I will, in a concise and candid manner, lay before your readers such facts as seem to me most forcibly to support this one; firmly convinced that science cannot be injured by the result.

I do not wish to occupy the critic's station, yet it may be necessary, in order to sustain my own opinions, to pass some parts of Dr. Annan's paper through a critical notice; and reserving for another place any remarks on the long list of mistakes which the doctor has so exultingly charged me with, I will take up his strictures on Dr. De Butts's "hypothesis." Then, the first assertion to be noticed is contained in the following sentence,—  
"We know that friction and chemical action are powerful agents in exciting



the phenomena of electricity, but we have no evidence that an appreciable amount of this influence is called into action by the friction of cannon-balls and shells against the particles of the atmosphere."

In this passage Dr. Annan has committed an error equally as much, if not more, to be "regretted," than the one with which he charges me, in the first paragraph of his paper. Mine simply consisting in neglecting to "acquaint myself with the minute details" of a case, when the principle only was required—his is an incorrect statement of the language which I used, and changing it to suit his purpose. I said, that "many bodies in passing through the atmosphere *collect* electricity;" and again, "that bombs *collected* a sufficiency of this fluid to become luminous in the dark;" but nowhere have I asserted, that "the *friction* of cannon-balls and shells against the particles of the atmosphere called this influence into action."

But, for the sake of argument, admit that I meant friction; and then let us examine if any evidence can be found to prove this position, the truth of which the doctor so boldly denies. If the evidence of the senses of seeing, hearing and feeling, can establish a fact, they can all be brought to testify, that not only an "appreciable," but a large amount, of electricity is "called into action" by *friction* between metals and atmospheric air. The ancients, as well as M. Rozet, witnessed numerous electrical phenomena which go to prove this fact. Seneca says, that "during the night before the battle which Posthumius gained over the Sabines, the Roman javelins emitted a light like torches." According to Procopius, the same appearance was seen in the war which Belisarius waged against the Vandals. Livy, Plutarch, Pliny and Cæsar, all mention similar facts, and the two last observed them. That these facts should escape the notice of the merely medical reader is not astonishing; but I did not suppose, that the numerous and interesting experiments and observations which have been made on the spontaneous electricity of the atmosphere, could be unknown to any one who has passed through a full course of medical studies. Beccaria, De Saussure, Cavallo, and many other philosophers, after a great expenditure of time, have laid the results of their labours before the world. And how can we explain the phenomena produced by their electrical kites, and other atmospheric electrometry, unless we admit that metals when insulated in favourable situations possess the property of collecting electricity. The fluid is there,—we can see it, hear it, and feel it; it escapes but slowly through the conducting medium of the atmosphere, but from a direct communication with the earth through the human body the effects are serious, and have sometimes been fatal.

But it may be said that electricity thus collected was attracted from thunder-clouds by pointed rods. In the melancholy case of Prof. Richman, of St. Petersburg, it might have been so—it is admitted by all, that the electricity of the atmosphere is most abundant during the presence of thunder-storms. Mr. Andrew Crosse, in his "table of the different states of the atmosphere in which electricity appears," states it to be most powerful during the occurrence of regular thunder-clouds. Other observers make the same remark; but not one hints at the idea that this superabundance is the effect of attraction from the clouds. The very apparatus with which Mr. Crosse experimented, and from which he drew his conclusions, was a copper wire, extending *horizontally* between two posts, and did not communicate with any vertical points. From this we infer, that the electrical condition of the atmosphere varies considerably under different circumstances, and that the presence of thunder-clouds exalts this condition—but there is no evidence that the fluid thus manifested by the electrometer is drawn from the clouds.

One of the most remarkable examples of excess of this fluid in the atmosphere, was observed by M. Cavallo when there was neither thunder nor lightning; neither had there been any for three days before or after the observation. Its length necessarily prevents me from giving it *in extenso*.

I must therefore content myself with stating such portions as bear most forcibly on the question under consideration. On the 18th Oct., Cavallo raised his kite with three hundred and fifty feet of string, the end of which was insulated and otherwise prepared for experimental observations. Very soon he was enabled to charge coated phials and give shocks. On the approach of a large black cloud the electricity decreased, and shortly became imperceptible. Soon it showed itself again, having changed in the *interim* from positive to negative; and the electrometer stood at  $15^{\circ}$ , which is pretty strong, and Cavallo again charged vials and gave shocks, but in a short time the electrometer arrived at  $35^{\circ}$  and was still rising. He became somewhat alarmed at this rapid advance, and determined to remove the insulation of the string, in doing which, he says, "I received about a dozen or fifteen very strong shocks, which I felt in my arms, breasts, and legs, shaking me in such a manner that I had hardly power enough to effect my purpose, and to warn the people in the room to keep their distance." When he let go the string, a snapping began between it and the window-shutter, which was heard some distance from the room. A gentleman who assisted him in pulling the kite, came near letting the string go, from shocks which he received, although their severity was much diminished, (see Phil. Trans. 1776, p. 407, and 1777, p. 48.) During this rapid collection of electricity no lightning was seen or thunder heard; and although we must conclude that it was not a thunder-cloud, still, it produced a great effect on the electrical condition of the atmosphere, the *rationale* of which I will not attempt to explain.

How greatly these effects were increased during the passage of thunder-clouds, may be seen by referring to the observations of M. Dalibaud, in 1752, of M. Romas, in 1753, and the fatal experiment of Prof. Richman above alluded to. M. Romas, during the approach of a cloud, from which some thunder was heard but no lightning seen, raised his kite, and from the end of the string drew sparks more than an inch long, at the distance of six inches; which after a while were converted into "flashes of fire about a foot long," and accompanied with a noise which "was heard at the distance of more than five hundred feet." He also observed straws, one of which was a foot long, "dancing between the ground and the white iron tube, at the junction of the string and silk cord, three feet distant from the ground." "The longest straw was attracted by the iron tube, and immediately he heard three loud noises," which "were heard in the centre of the town (the experiment was made out of the town);" and this straw "followed the string of the kite, and was even seen at the distance of forty-five or fifty toises, going with great rapidity, being sometimes attracted and sometimes repelled, and every attraction being accompanied with long plates of fire, attended with continual explosions."—"After the first spontaneous explosion, till the end of the experiments, there was no lightning, and almost no thunder."

Professor Richman was killed while experimenting during the passage of a cloud which was much more highly charged than this last. Shortly after a tremendous clap of thunder, the professor "inclined his head to the gnomon" of the electrometer "to see the degree of electricity indicated; and when he was in that bent posture, with his head about a foot distant from the rod, a large globe of white and bluish fire, about the size of M. Sokolow's fist, flashed from the rod to his head, with a report as loud as that of a pistol."

These facts prove that thunder-clouds possess the property of greatly exalting the electrical condition of the atmosphere, other clouds produce this effect in a lesser degree; and moreover, the experiments of the same philosophers which I have mentioned, show, that under any and every circumstance, atmospherical electricity is to be found. Signor Beccaria states as the result of his observation, that "the electricity was always perceptible in a *clear sky* and calm weather." M. De Saussure observed, that "in cloudy weather, when it is neither rainy nor stormy, the electricity

follows nearly the same laws as when the weather is serene," and that "with the exception of stormy weather, the electricity of the atmosphere is strongest during the prevalence of fogs," at which time, he says, "the sky is clear on the mountains," and "the fogs conduct to the earth the electricity of the serene air which reigns above them." M. Cavallo says, "The air appears to be at all times charged with positive electricity," and "the electricity of the kite is generally diminished by the presence of clouds;" and in another place he says, "The electricity is always weakest when it is cloudy and warm, and about to rain."

We have seen horizontal and vertical metallic rods, as well as kites, collecting this powerful agent in quantity sufficient to be not only appreciable by the senses of seeing, hearing, and feeling, but also to produce serious, even fatal results. Its presence is evinced under every different condition of the weather, whether clear, cloudy, or stormy, differing only in amount; one state of the weather being more favourable to its abundant diffusion than another. With such facts before us, if our imagination is too weak to conceive that cannon-balls and shells when insulated possess the same property, the principles of *induction* will force us to that conclusion. It is true, that in the one case the air strikes against the rod or kite; while in the other the ball is forced against the air—and if this varies the result, it can only be as to the quantity collected in the same time. Its great rapidity favours this idea; for it is well known, that the faster the cylinder of the machine revolves, the greater the quantity collected in a given time. With this view the multiplying wheel was invented. Also, in that remarkable observation of M. Cavallo on the 18th Oct., the wind was rather strong, and Mr. Crosse and De Saussure both say the electricity is strongest in stormy weather. From which we may infer, *cæteris paribus*, the more rapidly the particles of air come in contact with the metal, or *vice versa*, the greater the collection of electric fluid.

In these remarks we have supposed that this "influence" was "brought into action" by "friction," and perhaps this hypothesis is as plausible as any other. We do not know in what manner clouds or other substances become charged in their passage through the air; and if Dr. Annan chooses to deny that *friction* has any agency in producing this effect, he can do so perhaps as safely as if he were to deny any other hypothesis on the subject. It is a fact incontrovertibly established by various philosophers of the past century, and by the observations of men before and since the commencement of the Christian era, that metals and some other bodies, when insulated, (and sometimes even when they are not insulated,) collect electricity from the surrounding atmosphere. How it is collected, whether by *friction* or otherwise, is mere hypothesis; it is forbidden ground, on which I will not tread. But if the doctor is more fond of one *rationale* than another, I ask him for the reason of his preference.

In the case of General Elliott, Dr. Annan exultingly asks, "Where was the electricity?" It was never imagined that every ball and shell collected a sufficiency of this fluid to produce fatal effects; so far from it, we have shown by the experiments heretofore alluded to, that large quantities were gathered on some occasions, while on others it was scarcely perceptible. Possibly the weather on that day was very unfavourable to the generation of atmospheric electricity; and I offer this as a reasonable answer to the doctor's query.

Dr. De Butts is charged with "a great oversight" in "mistaking the light from the burning fuse for an electrical phenomenon." Perhaps this may be correct. But what charge can be made against Posthumius, Propicius, Pliny, Cæsar, and M. Rozet, who witnessed this appearance entirely unconnected with the act of combustion? The light in those instances cannot be regarded as the effect of "burning fuses;" and if a halo of light has been seen around the points of javelins, spears, flag-staffs, and even the human fingers and hair, is it very difficult to suppose the same

appearance might not be seen around cannon-balls under similar electrical states of the atmosphere?

Fish are frequently killed when guns are discharged at them in the water, without showing any wounds, by what the doctor very significantly terms *water-concussion*. The very serious effects produced on a late occasion on two young men, while *under* the water, by the firing of a cannon from the Battery, New York, were of a similar nature. We can readily conceive that when water is acted on by strong vibrations of air, its superiority as a medium for transmitting vibratory motions will cause the most unpleasant effects, provided the brain is exposed to the concussion. Such is the case with fish or other animals. But I will defy Dr. Annan to adduce a single case of *water-concussion*, either in man or beast, fowl, fish, or amphibium, unless the great nervous centre was immersed; and without such proof I must conclude the frog was killed by some other agency. As to concussion of air killing an animal, I have had no evidence of such a fact. The organ of hearing is sometimes seriously injured by the discharge of heavy artillery, but instantaneous death has never been produced by such a cause, so far as my knowledge extends.

Ten years have elapsed since the case of Lieut. Claggett was related to me, which will sufficiently account for any ignorance in its minutiae which I have evinced. Moreover, the exact position of the unfortunate officers who were present; how many were injured; &c. &c., were entirely forgotten in considering the more important fact, that no wound was found on his body. But let us examine the bill of mistakes brought against me by Dr. Annan, and perhaps they may be made to assume a less glaring appearance. The first and second on the list may be examined together; in them he charges me with saying "the lieutenant and sergeant were at the same gun," and from the following words, viz. "The sergeant was killed, but *not* at the same gun;" leaves the reader to infer that I had made such a statement. Grammarians make some difference between the articles *the* and *a*. If there was no non-commissioned officer at the gun, it was a deviation from military custom; he may have been *a* sergeant or *a* corporal, but I'll warrant one or the other was there. But so far from saying *the* sergeant was killed, I was not aware that any such officer was killed, and my words cannot be contorted into any such meaning. I simply "thought, perhaps, others were injured," but as to the sergeant's being killed, this deponent has said nothing.

From one remark of my informer, I have a pretty clear recollection that he said the bomb burst in the air. The remark was, "that it appeared to rain iron." And that he stated "no bruise or scratch was found on his body," I am perfectly satisfied. This last made the impression on my mind, and it was the more interesting, as I received it from an eye-witness.

Blows on the epigastrium even with the fist, or kicks from a horse, have occasionally produced immediate death. Falls on the abdomen may result in a similar manner. But I have never heard of an animal's being seriously injured from blows, kicks, falls on the thorax, without having the skin lacerated or ribs broken. If Dr. Annan can believe that a twenty-four pounder could fall on a human being and "crush him," without breaking bones or tearing skin, he has more credulity than I possess. There is no circumstance connected with this case which leaves such an impression on my mind; or that he was struck by any piece of metal. What are the *post mortem* appearances of persons killed by lightning? They may not always be alike, but in a case which occurred on the 6th inst., and reported by Dr. John B. Brown, for the Boston Daily Advertiser, he says, "A considerable quantity of blood has been discharged from the ears and nostrils. About three ounces of blood was found on the outside of the cranium, between that and the scalp; and on the inside of the cranium, between that and the *dura mater*, eight ounces of black blood were found extravasated—*black as ink*." The cranial contents of Lieut. Claggett were not examined, but the

external appearances of the body correspond precisely with this case of Dr. Brown; except that, in one the shock was communicated to the breast and neck, and in the other to the head, which accounts for the difference in the locality of the extravasation.

In conclusion I will simply observe, that from the absurdity of considering the elasticity of the abdomen and thorax sufficient to cause a ball or bullet to rebound; and from all the facts derived from the experiments and observations of philosophers on the laws of electricity, I am compelled to reject the former, and adopt the electrical explanation of *wind-contusions*; and if Dr. Annan is led to a different conclusion, I am satisfied it is an honest difference of opinion.

JOHN R. PURDIE, M. D.

### BIBLIOGRAPHICAL NOTICE.

#### *Allison on Lymphatic Hearts.<sup>1</sup>*

In the year 1833, Professor Müller, of Bonn, published in the Transactions of the Royal Society of London an account of a discovery he had made, that the frog and several other amphibious animals are provided with large receptacles for the lymph, situate immediately underneath the skin, and exhibiting distinct and regular pulsations like the heart. The use of these lymphatic hearts appeared to be to propel the lymph along the lymphatics. In the frog four of these organs were found, two posteriorly, situate behind the joint of the hip, and two anteriorly on each side of the transverse process of the third vertebra and under the posterior extremity of the scapula. The pulsations of these lymphatic hearts did not correspond with those of the sanguiferous heart, nor did those of the right and left side take place synchronously. They often alternated in an irregular manner.

These researches of Müller suggested to Dr. Allison a farther investigation of this subject, the result of which is the interesting paper before us,—interesting not only for the information it contains, but for the promise of farther investigations on the part of its zealous author in the important domain of zootomy. Dr. Allison has traced these pulsating organs in the tadpole, the frog, and in certain of the sauria, ophidia, and chelonina. He states farther, that since his paper was in type he has discovered the lymphatic hearts in fishes, namely, in the sunfish, catfish, perch, &c.

From his observation on the pulsating organs of the tadpole and frog, Dr. Allison infers,—

“*First.* That the pulsations of the lymphatic organs vary in different specimens from 60, or less, to 200 per minute.

“*Secondly.* That they vary in the same individual so as sometimes to double themselves in frequency.

“*Thirdly.* That the lymphatic pulsations bear no fixed relation to those of the pulmonary heart or to respiration, the lymphatic hearts being on an average of greater frequency.”

<sup>1</sup>Observations Relative to Lymphatic Hearts. By Joseph J. Allison, M. D. (Extracted from the American Journal of the Medical Sciences, for August, 1838.) 8vo, pp. 19. Philadelphia, 1838.

*Copland's Medical Dictionary. Part V.<sup>1</sup>*

This part, which is smaller than its predecessors, and has been long in preparation, contains Diseases of the Heart, Herpetic Eruptions, Hiccup, Hooping-Cough, Hydatid, Hypertrophy, Hypochondriasis, Hysterical Affections, Jaundice, Ichthyosis, Impetiginous Affections, Impotence and Sterility, Indigestion, Induration, and Infection.

The fifth part exhibits learning and industry—although the former admits of being yet more widely extended. The chief fault of the entire work, we think, is, that there is too much attention to details, and too little to principles.

We have been applied to, by the way, more than once, to know if we would not publish these numbers of the dictionary as they appear, to complete the sets of those who subscribed to a former periodical, established on the same plan as our own. Slight reflection would have shown our correspondents that were we to do so, we should be furnishing only the remnant of a book to the large mass of our subscribers.

*The American Phrenological Journal.<sup>2</sup>*

This is the title of a new monthly periodical, issued from the same office as the "American Medical Library and Intelligencer," and therefore, we need hardly say, well "got up"—to employ the language of the craft.

The articles are six in number,—1. Introductory Statement. 2. Review of Sewall's Examination of Phrenology and of Caldwell's Phrenology Vindicated. 3. A Phrenological Analysis of Conversion. 4. Pathological Fact Confirmatory of Phrenology. 5. Phrenology in Germany, No 1. And 6. George Combe, Esq.

This first number exhibits power and energy on the part of the editor, and we doubt not that such will be the general impression.

The price to subscribers is \$2 per annum.

*American Journal of Homœopathy.<sup>3</sup>*

The object of this journal is avowedly to maintain the doctrines—if they may be so termed—of the homœopathists; but we do not think, from this specimen number, that the editor conducts a feeble cause successfully.

Uncertain as are the facts, and idle as are most of the hypotheses—for theories they can scarcely be called—they might, by the exercise of more ingenuity, be so framed as to make a greater impression on those for whom they are especially directed. On these subjects, however, we presume that but few homœopathists will agree with us.

The appearance of this journal will be an additional evidence to our brethren on the other side of the Atlantic, that there are always too many of us who are disposed to adopt any opinions from the practical exercise of

<sup>1</sup> A Dictionary of Practical Medicine; comprising general pathology, &c. &c. By James Copland, M. D., F. R. S., &c. &c. 8vo, pp. 143. London, 1838.

<sup>2</sup> The American Phrenological Journal and Miscellany, with various mottoes. 8vo, p. 32. Philadelphia, 1838.

<sup>3</sup> The American Journal of Homœopathy, edited by an association of homœopathic physicians. Vol. I., No. 1. August, 1838. 8vo, pp. 36. Philadelphia, 1838.

which profit is to be derived. In a letter now before us, dated Dublin, July 23d, 1838, and written by a gentleman who is admitted to be one of the most eminent living teachers and writers our correspondent remarks,—“I find that the Americans have been visited by the epidemic pests of animal magnetism, homœopathy, phrenology. Why do you not, in revenge, inflict Thompsonianism, or some absurdity of American growth, on us?”

*Composition of the Notorious Quack Liniment of St. John Long.*<sup>1</sup>—Dr. Macreight called the attention of the Medico-Botanical Society to the composition of the lotion employed by the notorious St. John Long, which, at one time, excited no small controversy with respect to its imputed virtues. It was known to most of the members, that at the death of that person, who, like Paracelsus of old, died with a bottle of his elixir-vitæ at his bed side, the secret of the composition was sold for 10,000*l*. The present proprietors had now exposed it for sale, and it was in the power of any person to examine it. He (Dr. M.), assisted by his friend, Mr. Fownes, had analysed it with some care, in Mr. Everitt's laboratory, and the result was, that it consisted of oil, of turpentine and acetic acid, held in suspension by yolk of egg. Having satisfied themselves that no other acid was present, they found, by saturating with carbonate of potass, that the quantity of pure acetic acid was 5.3 per cent. They then distilled over the liquid portion, and found there floated on the surface, oil of turpentine to the amount of 25 per cent.; the remainder of the liquid had the taste of vinegar, but was without any pungency or bitterness. The residual mass, also, which was 7.5 per cent., when quite dry, was void of any stimulant or bitter taste; this on burning gave out the odour of animal matter. He need not tell the gentlemen of that society how difficult was the analysis of most animal or vegetable matters, and how cautious one ought to be in speaking positively of the presence of any organic substance. The plan they adopted was to consider what bland substances were most likely to be employed for the suspension of the turpentine, and then, by testing, to find with which the matter had most analogy. In this manner, after examining gum and milk, yolk of egg was found to resemble the residuum of the lotion more than any other substance, and no difference was found in their behaviour to tests. Thus, the residuum was found insoluble in water; with alcohol, a portion was soluble, and this, by evaporation, was found to be an oil quite similar to that from yolk of egg. The portion not soluble in alcohol or water, had all the appearance of the albumen which remains when yolk of egg is treated in a similar manner; and on being subject to destructive distillation, gave out abundance of ammonia, emitting a peculiar odour, precisely similar to that from burning egg. The ash that remained, after incineration, weighed three quarters of a grain, and consisted of a trace of alkali with phosphate of lime. On such evidence, which he admitted, however, could not be considered as perfectly conclusive, he proceeded to test it synthetically, and having prepared some according to the following prescription, he found it to resemble the quack lotion most perfectly in appearance, taste, and smell.

**Take**—The yolk of one egg; pure oil of turpentine, one ounce and a half; strong acetic acid, one ounce; pure water, three ounces. First rub the yolk of egg, the water, and the acetic acid together, then add the oil of turpentine, and agitate the whole till they be well mixed.

He had employed the liniment pretty extensively during the last month, and found the results consequent on its application, perfectly the same as from Long's. The phenomena which followed the use of either one or the other, which were deemed miraculous by the votaries of quackery, and

<sup>1</sup> Lond. Lancet, June 30.

paradoxical by many of the medical profession, were, in his opinion, easily explicable on pathological principles. They were,

First. The excitement of a greater degree of redness on one part of the surface than another when uniformly rubbed, this spot generally being in the neighbourhood of the part where pain was felt.

Secondly. On the continuation of the rubbing for some time, the oozing of a fluid from the surface, varying in colour, the cuticle still remaining unbroken.

Thirdly. The healing of the part under the continued action of the lotion.

These effects, he contended, were what one ought naturally to expect from any moderate stimulus when applied to the skin with dexterous manipulations. With respect to the first, it was admitted by all pathologists, that when inflammation terminated in abscess, or when a foreign substance was lodged in the body, the tendency of the pus, or the extraneous body, was to the surface. Of this there were constant instances, in warm climates, occurring in the liver. Now, long prior to any visible change in the surface, the skin over the diseased part, or in that point where the abscess is likely to show itself, is found to be more tender than the rest of the surface, as pressing the palm of the hand over it will show. It stands to reason, therefore, that this point will, when stimulated, be more easily affected, and hence a greater degree of redness will develop itself in that position. He did not see why we should restrict this tendency to the surface to cases of inflammation terminating in suppuration. A sympathy of the skin with all internal inflammation, as is seen in gout and rheumatism, might be assumed as a general principle, and of course the part sympathising the most will be the most easily affected by stimuli. As to the second phenomenon, the oozing out of a fluid from the surface, this was the necessary consequence of a stimulus not sufficiently powerful to cause vesication. When a very strong stimulus was applied to the skin, the cuticle appeared to lose its vitality; the mouths of the exhalents would not permit any fluid to pass through them, and hence the increased quantity flowing to the excited part became effused under the cuticle. Where, however, a gentle stimulus was for a length of time applied to the surface, the mouths of the exhalents, became stimulated without the cuticle losing its vitality or being abraded; the consequence was, there was a greater flow of fluid through the mouths of the exhalents. This, at first, would be little more than water containing some salts, but as the excitement was continued the vessels allowed a denser fluid to pass through them, consisting of the serum and crassamentum, without the red globules; but, should the excitement be very great and the part itself very much affected by the disease, the vessels often allow the red globules also to pass. That all these different fluids do exude, a few applications of any mild stimulus for half an hour over an irritable surface will be sufficient to convince the most sceptical. Touching the last effect, the curing of the part under the continuance of the rubbing, this, in St. Long's practice, was dependant partly on legerdemain, and partly on the principle that when a substance does not act as a corrodant, the surface will ultimately become accustomed to it; but the act of manipulating was the principal one. It has been seen that it is the continued rubbing, more than the lotion, which causes the flow of fluid from the surface; it is, therefore, quite natural, that if the rubbing be diminished in intensity, the stimulus becomes much less, and thus the part heals under the application of the same lotion, but differently applied. Such, therefore, is the celebrated liniment of St. John Long, which, in itself, is harmless, the acetic acid being to the whole in nearly the same proportion as in common vinegar, and which could only be dangerous in the hand of an ignorant and reckless quack.

He would take leave of the subject by mentioning, that when a discharge had been established a cabbage leaf was applied over the surface, and this,



in many respects, is superior to a common cataplasma, which is clumsy and dries up rapidly; but of course no regular practitioner would employ cabbage leaves while the simple and elegant contrivance, lint covered with oil silk, was within his reach.

*On the Structure of Erectile Tissues.*—In our number for January 6th, 1836,<sup>1</sup> we published a detailed account of the discoveries of Professor Müller in the minute structure of the penis, the substance of which was that there exists a separate series of minute arteries (which, from their form, he named *helicine*) projecting into the venous cells, and producing erection of the organ by the increased flow of blood through them, under circumstances of nervous excitement. His investigations were certainly of great importance, not only as establishing the minute structure of the organ described, but, in a general point of view, as relating to a distribution of vessels to which no similar arrangement had been presumed to exist in the animal body—viz. arteries terminating with free extremities, in cells communicating with veins. We have now, however, to notice a complete refutation of the views then advanced, and since almost universally received, which has been published in the last number of Müller's *Archiv. für Anatomie und Physiologie*. It is from the pen of Professor Valentin, the well-known author of the *Entwicklungsgeschichte*, whose talent for minute observation is certainly not inferior to that of Müller himself.

He says, that the result of numerous examinations has convinced him that the so-called *helicine* arteries are by no means peculiar vessels, terminating with their extremities, and hanging free in the cells of the *corpus cavernosum*, but only minute arteries that have been divided or torn; and that, on the contrary, the real distribution of the vessels of the *corpus cavernosum* follows in every respect the most simple laws. In making the injections of the penis, different portions of it receive different quantities of injection; in general the posterior half is most injected, and of this the anterior fourth is best adapted for examination, because in it the injection will probably have exactly filled the minute arteries without passing into the venous cells. If a transverse section of a portion thus injected be made, one sees on its surface, together with arteries of various sizes running tortuously in the uninjured fibrous cord-like partitions<sup>2</sup> of the cells of the *corpus cavernosum*, the *helicine* arteries—that is, arteries which, to the naked eye, or with a lens, seem to terminate suddenly, either singly or in tufts, which lie partly on the fibrous cords, but principally hang loose in the cells, and which, when placed in water, appear fixed at one end, while the other floats out in it. They all, even to the naked eye, appear completely inclosed by a membrane exactly like the tissue of the partitions; and if they are examined with a microscope, their ends appear sometimes rounded, sometimes obliquely or unevenly truncated, sometimes granular or even irregular; in a word, so inconstant is the form of their terminations, as at once to suggest the opinion that they are unnaturally formed.

If a cleanly cut transverse section be examined with a good lens, with which a view to some little depth may be obtained, it will at once appear that there are *helicine* arteries only at the surface, and in the cells lying near it; but that in those cells which lie deeper, no trace of them can be seen. At the same time it may be remarked, that every fibrous cord, without exception, contains an artery of proportionate size, which runs in it tortuously, or rather in the form of a cork-screw; and that these arteries, like the fibrous cords in which they lie, communicate together. If the surface of the section be examined under water, it will be seen that at the

<sup>1</sup> Lond. Med. Gaz., June 23.

<sup>2</sup> *Balken*, beams: the fibrous cords or bands which bound and traverse the so-called cells of the spleen.

divided extremity of each fibrous partition, one or more helicine arteries seem to be given off, according as one or more smaller fibrous cords are given off together or separately from the chief one. These smaller fibres, when they were divided, had separated and contracted a little, and thus, and by their naturally winding course, the tendril-like or crozier-like terminations of the supposed helicine arteries were produced. Thus one sees how the helicine arteries are formed under one's own eyes. And wherever the minute arteries are filled with injection they may be made to appear helicine by dividing the fibrous cords in which they lie. In a longitudinal section the same thing may be observed, only that here still more partitions being divided, more helicine arteries are seen; and more still may be made by cutting the corpus cavernosum, as one would with a saw; or by washing out the injection from the cells into which it has run from the arteries, and so tearing a greater number of the extremely minute cords. By the careful examination of several of the arteries, and their fibrous cords supporting them, which are thus divided, a sufficient proof may be obtained that the apparent enlargement of their extremities, the closeness of their orifices, and their tortuous or tendril-like course, depend merely on the mode in which the section has been made, or on some artificial means employed in the examination.

In the posterior part of the corpus cavernosum in man the cells are large, and the fibrous cords traversing them very delicate, so that as all the minute arteries run tortuously on them, the helicine arteries seem to be very abundantly and evidently present. But more anteriorly, where the cells assume a more honeycomb appearance, and the fibrous partitions are more band-like than cord-like, and the arteries running on them are proportionally much smaller than the membranes surrounding them, the helicine appearance cannot be demonstrated. The most easy refutation of the presence of the so-called helicine arteries is found in the human species (in which, it will be remembered, Müller said they could be most easily demonstrated,) and next to it, in that portion of the corpus spongiosum urethræ of the horse and ass which immediately surrounds the urethra.

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*Ice-cold Drinks and Cold Baths in Thoracic Inflammation.*—In the year 1834, several cases were laid before the Academy of Naples, which were cured by the free use of snow internally, and of cold baths in every period of the disease. Recently M. Campagnano has published several similar cases.<sup>2</sup> In every case, however, bleeding appears to have been employed.

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*Proto-Iodide of Iron in Syphilis.*—The proto-iodide of iron has been used with much advantage, externally as well as internally, in old cases of syphilis, and in those of a scrofulous or lymphatic temperament. It has been employed to remove the atony and bad character of certain ulcers, as well as chronic discharges from the urethra and vagina.

When given internally it may be combined with bitters, or alone, in the dose of from six grains to forty in the day. Externally, it is used in the form of lotions or injection, being mixed with an equal quantity of water and filtered.

The proto-iodide may be obtained by bringing into contact, when heated, a mixture of fifty parts of iodine, one hundred parts of pure water, and fifteen parts of iron filings. The solution deposits a greenish hue; it is

<sup>2</sup> Osservatori Med. di Napoli, Gazette Médicale de Paris, No. 7, 1833, and Zeit. schrift für die gesammte Medicin. Mai, 1838. s. 82.

then filtered and evaporated rapidly in a large matrass, avoiding as much as possible the contact of atmospheric air. The residue must be kept in a well-stopped bottle.<sup>1</sup>

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*Library of Medicine.*—In the late London advertisements there is one of a "Library of Medicine," to be conducted by Dr. Alexander Tweedie, one of the editors of the London Cyclopædia of Practical Medicine, with the assistance of several of the most eminent English writers. The object is to treat of each department or division of medicine in closely printed small octavo volumes, each series forming a complete work on the subject treated of.

We think it not improbable that this new undertaking may furnish some aliment for our own "Library."

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*Medical School of Yale College.*—Professor Knight has been transferred to the Chair of Surgery in this institution, vacated by the death of Professor Hubbard; and Dr. Charles Hooker, of New Haven, of whom we have made favourable mention more than once in the "Intelligencer," has been appointed to the Chair of Anatomy and Physiology.

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### NECROLOGY.

*Dr. Sims.*—We regret to announce the decease of Dr. Sims, which took place at his house in Cavendish Square, of fever, and after a very short illness, on the 19th of July. Dr. Sims was one of the physicians to the St. Marylebone Infirmary, and a member of the senate of the London University, in which he took rather an active part; and where he was present at a meeting so lately as the 11th. He had contributed several papers of value to the Transactions of the Medical and Chirurgical Society; and had considerable business among the fraternity of Friends, of which he was himself a member.<sup>2</sup>

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### BOOKS RECEIVED.

*From the Author.*—Observations relative to Lymphatic Hearts. By Joseph Allison, M. D. (Extracted from the American Journal of the Medical Sciences, for 1838.) 8vo, pp. 19. Philadelphia, 1838.

Annual Circular of the Medical College of Louisiana, containing a prospectus for the session of 1838 and 1839. 8vo, pp. 6. New Orleans, 1838.

<sup>1</sup> Revue Médicale, Janvier, 1838.

<sup>2</sup> Lond. Med. Gaz., July 21, 1838.

## AMERICAN MEDICAL INTELLIGENCER.

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No. 13.

## ART. I.—EMPLOYMENT OF TENTS IN THE TREATMENT OF CONSTIPATION.

BY M. LOUIS FLEURY, INTERNE OF THE HÔPITAL ST. LOUIS.<sup>1</sup>

The author of this article, after enumerating the different states of the system which may give rise to constipation, and after showing that in order to accomplish its removal those different conditions must be modified, observes, "That very frequently constipation itself constitutes the whole disease unconnected with any organic alteration, or appreciable lesion of functions, and for a long time is the only symptom which evinces that the equilibrium constituting health no longer exists; when other disorders make their appearance they are under its dependence, and disappear along with it. Its cause is entirely local, and does not extend beyond the rectum; it arises from atony of that intestine, the muscular fibres of which have lost the irritability and power of contractility necessary for them to overcome the resistance which the sphincters offer to the expulsion of the *stercus*."

Observation of many patients on whom the means generally employed in the treatment of this disease had not succeeded, prompted him to have recourse to a new mode of management.

M. Fleury has seen many patients, who, for a length of time, have been most actively treated for *gastro-enteritis*, diseases of the liver, &c., and who have been debilitated and tormented by diet, local and general bleeding, blisters, &c., without benefit. When the primary and only cause of the disease is recognised, the treatment made use of is attended with scarcely more efficacy; emollient *lavements* are the first means had recourse to, which afford, in fact, but slight relief; unfortunately they soon lose their effects, and are used by the patients sometimes three or four times in the twenty-four hours; purgative *lavements* are then substituted, which in a short a period become equally insufficient for producing evacuations; cathartics are then employed, with the same results. Immediately on their being suspended constipation recurs; their administration is daily repeated, the dose unceasingly augmented, and at length replaced by *laxatives*. But the stomach often becomes inflamed, fever is occasioned, the treatment is obliged to be arrested, and constipation, along with difficulty of digestion, becomes more confirmed than ever.

Some physicians, feeling the necessity of acting immediately on the rectum, so as to put a stop to constipation, have, from its effects, extolled aloes, which is attributed a specific and primary action on that intestine.

Aware of the inefficacy of all these plans, M. Fleury's attention was directed to the possibility of discovering more rational remedies; on reflection he thought that tents introduced into the rectum might perhaps fulfil his object; by acting as a foreign body, it appeared to him they would irritate the intestine and arouse its contractility; he likewise observed

<sup>1</sup> Archives Générales, Paris, 1838.

that they frequently induced evacuations when introduced after the operation of fistula, and for stricture, or some other surgical affection. This means was tried in a patient whose disease had become very serious, and the history of which is related in the first of the following cases; it succeeded beyond M. Fleury's expectations.

On the 20th January, 1837, the Count de B——, aged 29, officer of lancers in the service of the King of Holland, entered the *Maison Royale de Santé*, to undergo treatment for an affection, the history of which he related himself:—

"Until the age of 26 I always enjoyed perfect health, uninterrupted by any kind of disease. My stomach, in particular, was so strong and active, that I frequently abused with impunity those qualities, by committing excess at table, and especially by drinking, as is the habit unfortunately of my country, and particularly amongst the military, rather large quantities of spirituous liquors. This mode of living until then was unattended with any unpleasant consequences; but at that period I observed some difficulty in my evacuations. I remained two or three days without going to stool, and, at the expiration of this period, I expelled with great pain only hard scanty fæces. This constipation occurred at the very time I led the most regular life; if on the contrary I committed excess, my bowels again became free. The discovery of such an easy means of relief perhaps made me abuse it; but it soon served only to fatigue my stomach, and I had recourse to the use of the pipe, having observed that it wonderfully facilitated my evacuations. Unfortunately this new mode soon lost its efficacy. I was obliged, in order to obtain a stool, to smoke several pipes in succession, to employ tobacco of increased strength, and even *Manilla cigar*, which ultimately were themselves unattended with any result.

Wearied of this state I consulted a physician, who entirely changed my mode of life, and forbade me to use meat and strong drinks, even wine. I ate nothing but leguminous vegetables, and milk diet, and used a lavement daily. This regimen produced no amelioration; after a time I was obliged to employ three or four lavements daily; my digestion became more and more difficult; I was continually tormented with flatulence, which occasioned great distension; my respiration was short, and red spots appeared on my face. I became much emaciated; melancholy; every thing soured me; sometimes I had paroxysms of gaiety of a ridiculous kind, succeeded by great sadness. My military service had become extremely distressing to me; I could ride on horseback no longer; my strength failed me. I consulted another physician, who pursued a different plan: he ordered me cold meats, some glasses of wine, and black coffee. This nourishment imparted a little strength to me, but did not modify my constipation. I made use of purgative pills, the composition of which I am ignorant of, and which relieved me only for a few weeks.

I was now perfectly disheartened, and on the point of resigning my commission. Society became insupportable, and life such a burden that I resolved to put an end to it violently, when I was advised to procure leave of absence and to undergo treatment at Paris. I experienced the hope that I might succeed in this trial; it shall be my last."

M. de B—— was carefully examined by M. Fleury, who could not discover any affection of the stomach and intestinal canal. The tongue was pale, the abdomen every where insensible to pressure; the pulse normal; no swelling was felt in any region. The patient was, however, emaciated and very weak; he had violent headaches; the cheeks were of a vivid red; the eyelids swollen; conjunctiva injected; digestion, although the patient ate very little, was laborious, accompanied by flatulence, eructations, distension, &c.; no evacuations occurred, except after several successive lavements.

At the end of three weeks he left the *Maison de Santé*, without receiving any benefit, and was attended by M. Fleury in private.

Eight days after, the idea of having recourse to tents recurred to M. Fleury, who proposed it to his patient; he consented, and at eight in the evening of the 9th of February a tent of the mean size was introduced, smeared with simple cerate, into the rectum. On the 10th the tent had given rise to rather vivid pains, and the patient was not able to retain it longer than two hours; it did not occasion an evacuation. I replaced a second tent, thinner than the first, covered with an ointment containing one dram of the extract of belladonna to an ounce of cerate. This second tent was retained until 4 o'clock in the morning; but the patient was obliged, in order to evacuate, to have recourse, according to custom, to several lavements. On the 13th, the third tent did not occasion any more pain; it was retained till the morning, and the patient on its withdrawal experienced a wish to go to stool. A small quantity of hard *feces* was expelled. On the 23d, the size of the tents was gradually increased, and these occasioned an abundant and easy evacuation regularly every day. M. de B— has given up the use of lavements and purgatives entirely; has appetite, and is put upon another regimen, and digests perfectly; his hemicraniae have disappeared; and his gaiety and strength recurred.

On the 1st of March, the tents were introduced for not more than a period of two or three hours; the stools continued to be regular. 5th. The tents are suppressed. M. de B— enjoys good health, and wishes, in order to insure the durability of the cure, to remain in Paris until the end of the month. At that period he set out for Holland, and the following is a passage from a letter addressed by him to M. Fleury:—

"I performed the voyage from Paris to Breda without any stoppage, and without experiencing the least constipation. I have not been particular as to regimen, meat, wine—nothing incommodes me. I have resumed my service, and our long manœuvres have not altered my condition; my friends were unable to recognise me."

The other two cases detailed by M. Fleury were similar to this, and met with like success from the treatment employed.

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

### 1.—*Cirrhosis, General Anasarca, and Ascites.* Reported by EDWIN A. ANDERSON, M. D., of Wilmington, N. C., Senior Resident Physician.

Ann Maria Hamburger, aged 65 years, admitted July 31st, 1838, was born in New Jersey; married; works in the open air at gardening. Has been subject to palpitations of the heart for the last three years; and severe attacks of dyspnoea, continuing for ten or fifteen minutes. Cough, attended with expectoration in the morning, and profuse sweating at night, for a long period. Appetite bad. Habits very intemperate. A month previous to her entrance into the hospital, had an attack of pleurisy of the left side, for which she was bled and purged. An attack of icterus supervened upon the pleuritis, followed by extensive infiltration of the upper and lower extremities, and effusion into the thoracic and abdominal cavities. The effusion into the thorax was so extensive, according to the voluntary account of the patient, that upon suddenly moving or rising she was sensible of a body of water rushing from one part of her chest to the other, the sound created by this movement being quite perceptible to her ear, and constituting the *succus* of the old writers.

August 1st.—Came into the hospital labouring under excessive dyspnoea, obliging her to assume a semi-recumbent posture; lips pallid; skin of a deep yellow hue; conjunctiva of the same colour as the skin. She is of a

stout robust frame. Extensive infiltration of the upper and lower extremities; abdomen distended, presenting a very evident fluctuation; lower portion of both pleuræ dull on percussion; slight tremors of the hands when extended; tongue quivering; mind wandering, confused, symptoms of incipient mania à potu; pulse 90, full, hard, resisting to the finger; urine scanty and high-coloured.

*Prescription.*—R. Baccar. juniperi, ʒi.; aqua bullientia, Oi.; fiat potus indies bibendus.

R. Pulv. digitalis (American.), pulv. scillæ, aa gr. i.; hydrarg. submuriat. gr. ss.; fiat pulvis ter die sumendus.

August 2d.—Secretion of urine increased; œdema of extremities very much diminished; abdomen tense; lower portion of thorax more resonant on percussion; pulse 100, of good volume and strength; respiration easy, but 40 in a minute.

Continuentur medicamina.

August 3d.—In the night, arose from her bed and walked out of the ward, delirious, calling upon and addressing absent individuals as if present and conversing with her. Now, constant tremors of hands, quivering of tongue when protruded; pulse 88, full, bounding; refuses to remain in bed; imagines her life is threatened; exhibits, in a word, all the symptoms of genuine mania à potu. She was accordingly transferred to the Women's Lunatic Asylum, to be treated for that disease also. The symptoms there became very much aggravated, and on the morning of the 6th she died.

*Necroscopy, July 6th, eight hours after death.*—Exterior very œdematous; abdomen yielding a very evident fluctuation. Upon opening the abdomen and thorax, the cells of the cellular membrane were found greatly distended with serum.

Thorax.—Lungs healthy, crepitating, containing air; left lung slightly engorged with serum. Heart natural.

Abdomen.—Liver enlarged, weighing about ten pounds; granulated; surface raised into a number of round mammellated protuberances, of a tawny colour, closely resembling beeswax, none of them larger than a pin's head; substance of these granulations compact; when divided presenting a smooth, flat, even surface. Consistence of liver very firm, admits the finger with great difficulty, semi-cartilaginous, evidently greasing the scalpel when cut into; the whole organ presenting an excellent specimen of *cirrhosis*, combined with hypertrophy,—not with diminution in bulk as defined by Laennec.

The gall bladder contained a dark-coloured bile. The stomach presented, along its greater curvature, a highly injected state of vessels; the mucous membrane was easily detached, beyond which the injected state of the vessels ceased.

The small intestines contained a small quantity of thin yellowish fæces. The mucous membrane was of a light rosy tint throughout the greater part of its course, and free from ulceration.

The large intestines were healthy.

The spleen and kidneys presented no unusual appearance.

E. A. ANDERSON.

2.—*Case of Phthisis Pulmonalis.* Reported by A. M. VEDDER, A. M., of Schenectady, N. Y., Senior Resident Physician.

In No. 10, pages 154 and 155 of the "Intelligencer," will be found an epitome of a case of phthisis pulmonalis, No. 1. Since that note was taken the patient has died.

Note of August 11th.—Emaciation advancing; decubitus still upon the right side, any other excites coughing; appetite bad; hectic continues; no diarrhœa. The physical signs correspond almost exactly with those described in page 155 of this journal. Strength much diminished; intelligence clear; hemorrhage from the lungs commenced this morning.

August 13th.—Since last note the hæmoptysis continued, amounting during the last twenty-four hours of life to thirty-six ounces. Died August 12th.

*Necropsy, August 13th, twelve hours after death.*—Exterior: emaciation advanced; no infiltration of lower extremities. Thorax: left lung adherent throughout, and with the greatest difficulty removed; in removing it a large cavity was opened, which discharged about a pint of dark fluid blood. The pleura pulmonalis anteriorly was three eighths of an inch in thickness, hard and almost cartilaginous; on cutting into it the scalpel passed immediately into a large anfractuous cavity, occupying the whole of the superior, and about one half of the lower lobe; numerous firm bands traversed it in all directions (obliterated blood-vessels); two or three were of a light red colour, and, as it were, dissected out; they were still permeable; a probe could be passed into them. An imperfect, almost cartilaginous, septum existed, which could with difficulty be cut with the scissors, constituted apparently by the pleura, which dipped between the lobes. Numerous small cavities communicated with the large cavern, which varied in size from an almond to that of a pullet's egg. The large, and nearly all the small cavities, were lined by an old and polished membrane. Numerous bronchial tubes terminated abruptly in the cavity, which appeared as if cut off; these varied in size from that of a pipe-stem to double the size; one of them was about half an inch in diameter. On the anterior surface of the lung was an opening, which communicated with the cavity. It was known to be an old one by the characters of its border, which were smooth, rounded, firm and shining. The lung was here so firmly bound down that it must have prevented the passage of air into the cavity of the pleura. Only one mass of tubercles was met with in the lung, of about the size of an egg. A small portion of the base of the lung still preserved its vesicular structure; crepitated, and was engorged with blood. This was the only portion of the whole lung in which the vesicular structure was not destroyed. Indeed, except in this portion, it was one mass of dense cellular tissue. The healthy portion could be supplied with air only through the cavity, for no continuous bronchial tube led to it.

The right lung was slightly adherent; large, and some of the vesicles of the upper lobe were enlarged. It was distended with air, and contained very little fluid. A few scattering nuclei of tubercles were met with. In the posterior part of the upper lobe there was a small cavity lined with a smooth membrane.

No cavity was seen in the lower lobe, which was gorged with blood, and contained air.

The bronchial glands were tuberculous.

The pericardium contained about two ounces of serum. The heart was about the average size; both ventricles were collapsed, flaccid, and rather pale; no coagula in the heart.

The ventricles were rather thinner than usual; the left was four tenths of an inch in thickness. The valves of the aorta and pulmonary artery were soft and flexible.

The mitral and tricuspid were normal.

Other organs were not examined.

A. M. VEDDER.



## ART. III.—REMARKS ON MR. VELPEAU'S OBSERVATIONS ON THE INTRODUCTION OF AIR INTO THE VEINS.

BY JAMES BOLTON, M. D., OF BALTIMORE.

Baltimore, Sept. 26, 1838.

Dear Sir,—On reading the article by Velpeau on the introduction of air into the veins, I observe that author makes the following remark: "Those of M. Rigaud, of M. Malgaigne, and Dr. Mott, only indicate a wound of the *external jugular vein*." He therefore passes it by as unworthy to be classed among those "which allow us to regard the fact as possible, considering the region and the vein wounded." An intimate acquaintance with Dr. Mott as his pupil, and a short time as his assistant, enables me to pronounce with confidence this remark of Velpeau incorrect. In fact, in a previous part of the article he states, that "During the operation the *facial vein* was opened."<sup>2</sup> Now the facial vein is well known to be a tributary to the *internal jugular*, from the opening of which he admits, (though the whole article is strongly marked with scepticism,) that the introduction of air may occur. Dr. M. states, that "This patient was hemiplegic several hours after the accident," but eventually recovered. I have noticed this error particularly, because it tends to call in question the accuracy of observation of that deservedly distinguished American surgeon, whilst those well acquainted with him have often been astonished at the accuracy of his powers of diagnosis, appearing almost to be instinctive. I believe all who have ever heard Dr. Mott's clear graphic description of this case have been fully impressed with a belief in the correctness of his conclusion.

Very respectfully yours,

JAMES BOLTON.

Robley Dunglison, M. D.

## ART. IV.—ON THE TREATMENT OF FRACTURES BY THE APPAREIL IMMOBILE,

*As modified by Messrs. King and Christophers, with cases; being the substance of a lecture delivered at the Blenheim Street Dispensary, Aug. 1.*

BY T. KING, M. D., SURGEON TO THE DISPENSARY.

In submitting to the judgment of the profession a modification of the *Appareil Immobile* for the treatment of fractures, I deem it may be advantageous to enquire what are the principles on which the treatment of ruptured bones ought to be founded; in other words, what are the indications which require to be fulfilled in that treatment. For the purpose of ascertaining what they are, it will be necessary to revert to the process which nature adopts in the cicatrization of bone—to the phenomena observed in the formation of the callus. This kind of enquiry ought to be made, whenever new plans are proposed for the treatment of any disease, in order that a just estimate may be formed of their value. When we know what the natural process of cure is, we generally know also pretty well what measures are best suited to protect, facilitate, and ensure it. We must afterwards appeal to experience to have them ratified or annulled, according to the results obtained. With regard to fractures, then, we shall first endeavour to discover the principles of treatment, *a priori*, and examine how far the modification of the *appareil immobile* accords with them; and then state the results of the experience we have had in using the modified apparatus.

It appears that when a bone is broken, the ruptured vessels of the osseous tissue, medullary membrane, and surrounding parts, give issue to more or

<sup>1</sup> American Medical Intelligencer, Vol. II., p. 69.<sup>2</sup> Ibid, p. 51.

less blood, which spreads itself around the fragments, and which, after some hours, coagulates. In a short time, all the parts involved swell and throw out lymph. The blood, or its red part, is very soon absorbed, and a tenacious, viscid matter is found between the fragments, opposite the walls of their canal. This matter is to form the ultimate cicatrix, and, although joined to, and continuous with, the general mass of lymph existing on the outside of the fragments and within the medullary canal, is distinct from it. At the end of eight or ten days, this mass becomes firm, pale, and semi-cartilaginous, while the lymph opposite the walls of the canal remains gelatinous. Its consistency continues to increase; it becomes more circumscribed, and finally ossifies. It is this mass, forming a kind of soldering on the outside and on the inside of the walls of the medullary canal, which Dupuytren (to whom I believe we are indebted for a knowledge of most of the details concerning the cicatrization of bone) has termed the temporary callus. Its ossification is complete about the fortieth or fiftieth day. It is only after this time that the substance between the walls of the canal, which is to be the permanent callus, ossify and knit the ends of the bones firmly together. When this has become ossified, the mass outside and inside the canal, that is, the temporary callus, is absorbed.

When the fragments are not kept in apposition, the phenomena are different; the temporary callus remains, and the medullary canal is not re-established. When the fragments are exposed to the air, as in cases of compound fracture, they unite, like the soft parts, by granulation. It is a remarkable fact, that the details furnished by Dupuytren are in accordance with the doctrines of our Hunter on the union of soft parts, and that the ancients were not far from the truth when they supposed the fragments of a broken bone became united by a plastic matter, exuded between and around them.

We perceive that the process, by which the fragments of a broken bone unite, is a long one—one in which a great and long-sustained effort is made, producing, through divers changes, a great result. It appears evident that it can be well carried on only when the fragments are kept still. The first principle, therefore, to be observed in the treatment of fractures, is to keep the broken parts in a perfect state of repose; and this involves another—that any apparatus applied for the purpose should press equally on every part of the limb. We want, if possible, to clasp the bone around, as if it were naked; and the more exactly the limb is embraced, the more efficiently will it be supported.

As the callus undergoes divers changes, not only with regard to consistency but also as to volume, the soft parts must also be subject to changes of position, which cause the size of the limb to vary. But the size of the limb will vary most, on account of the inflammation resulting from the injury the soft parts usually receive from the cause producing the fracture. From this variation of volume we derive the principle, that the apparatus applied round the limb should expand and contract accordingly.

As the progress of cure is a long one, as it takes from forty to fifty days to give solidity to the callus, and that complete privation of exercise for this time is detrimental to the whole body, more especially so to the joints in the neighbourhood of the fracture, which thereby become rigid, and not unfrequently the seat of incipient ankylosis, it must be a principle of great importance, that the apparatus applied should admit of exercise of the body, and of the joints near the fracture, to the fullest possible extent compatible with the stillness of the fragments themselves.

If we enquire how far the apparatus usually employed answer the indications required, we shall find them in many respects defective. The splints, which constitute the chief part of such apparatus, and on which we rely to keep the limb steady and motionless, cannot be made to press equally; and, when the limb is surrounded by them, they are usually fastened so that, if any variation occur in its volume, the box they form is in nowise susceptible

of enlarging or diminishing accordingly. Whatever padding is employed to fill up the hollows between the splint and the limb, the pressure can never be perfectly uniform; and it has the inconvenience of keeping the parts in a state of heat. Pasteboard splints can be made to fit more exactly; but even these cannot be made to wrap round the limb with great nicety. Impressed with these defects, Seutin conceived that a bandage, rolled round the limb with perfect exactness, might be converted into one entire hollow splint, case, or mould, sufficiently strong to prevent motion. He effected this object by applying successive layers of bandage, with a thick coating of paste to hold them together, between each layer; and when the paste is dry, the limb is thus encased in a box or mould, which exactly fits it. It is impossible to deny that this apparatus accords with the principles we have deduced, and fulfils the indications much better than those usually employed. It presses equally on every part, and possesses sufficient resistance to supply for a time the place of the bone. It is, however, open to the objection that it does not expand and contract as the limb may swell or diminish. In some cases, I believe, it has been necessary to remove it; and the proposal to cut it down in several places, so as to convert it into several splints, first led to the modification we have just now introduced. This proposal was made by a medical gentleman whom I was attending for a fracture of the fore-arm. Very shortly after this, I was called to treat a fracture of the humerus. The limb was in a state of tumefaction, which made me fear the absolute confinement of it in Seutin's apparatus; and I employed straight, separate splints, such as the French use. When the callus had become sufficiently strong to admit of some little motion, as the patient complained of the weight of the apparatus and the cramped position of his arm, I applied the apparatus of Seutin; but as the limb was still tender, and swelled a good deal towards evening, I considered it would be advantageous to slit the apparatus open along the inside of the arm, so that it might yield and return upon itself according to the variation in the volume of the limb. It answered the purpose tolerably well, but was not sufficiently elastic to follow the limb in its changes of volume. In talking the matter over with Mr. Christophers, who was attending the case with me, it occurred to him, that it could be made so, it would be a considerable improvement; and the means he suggested, which are as simple as ingenious, I immediately adopted. He proposed applying around the apparatus slit open, a certain number of elastic straps, made of India rubber, with buckles which admit of their being drawn to the requisite tightness. They are rather more than an inch wide, and rather longer than is necessary to encompass the limb. Four of these were applied, and converted the apparatus into a case sufficiently elastic to follow the changes in the volume of the limb, and yet of sufficient strength to afford the requisite support. It appears to me that Seutin's apparatus, thus modified, fulfils, as nearly as possible, and much better than any other, all the indications required; and it must be evident that it will be even a greater boon to the patient affected with a compound fracture than to one whose fracture is simple.

In case the limb undergo a considerable diminution of volume, it will only be necessary to remove a longitudinal strip of the apparatus, instead of opening it by a longitudinal incision; and the strip should, of course, be removed, or the slit made along that side of the limb on which the nerves and vessels exist, and which can least bear pressure. We deem it not improbable that the apparatus, thus modified, will be found useful in the treatment of many diseases, where it is essential to keep the parts motionless, without exercising an unyielding resistance, or a pressure in the least degree unequal. Mr. Christophers proposes to employ it for that troublesome disease—a varicose state of the veins. I cannot help thinking that, if made light and applied with care, it will answer the purpose admirably. The results of our experience of its employment in cases of fracture will appear in the following cases:—

**CASE I.**—Mr. Hemming, of No. 6, Piccadilly, fell down, about two years ago, and severely lacerated his right arm, in the neighbourhood of the condyles, which, since the accident, has been subject to swelling and pain. About two months ago he was thrown from a gig and fractured the humerus of the same side, at the upper part of the inferior third. There was considerable contusion, and the whole limb became much swollen. I applied the ordinary apparatus for fractures of the humerus, which required great attention, on account of the inflammation of the soft parts. At the end of three weeks I substituted Seutin's bandage for that before employed, to the great comfort and satisfaction of the patient. I took, however, the precaution to slit it open, after it had become dry, along the course of the nerves, on the inner region of the arm. A great amelioration followed this change of apparatus. As, however, Mr. Christophers suggested that it might be made more perfect by the employment of elastic bands, and as he had the kindness to prepare them without delay, I applied them, and found them fully as advantageous as I had anticipated. The case has gone on well, the patient having been able to move the limb a good deal, and to take general exercise ever since the last apparatus was applied.

**CASE II.** (as drawn up by Mr. Christophers.)—Elizabeth Dixon, aged eleven months, residing No. 1, Phoenix street, became a patient of the Blenheim Street Dispensary, June the 19th, 1838. She is a strong healthy child, not yet weaned. Her mother gave the following account:—My eldest daughter, aged 10 years, was carrying Elizabeth on one arm, and drawing a child's chaise with the other, when the child suddenly sprang backwards and fell on the pavement. She cried but little at the time; but, when put to bed, exhibited symptoms of great pain, and would only lie with her shoulders and pelvis raised. In this position I found her the next morning; she was exceedingly irritable, and apparently in much pain. There was a bruise, with considerable swelling on both knees, and a cut on the upper lip. Not feeling satisfied as to the extent and nature of the injuries, I called in Mr. King, who detected a fracture rather below the middle of the left femur. We applied Seutin's apparatus, which appeared to do well for two or three days, when the child seemed uneasy. The uneasiness was diminished by a longitudinal division of the apparatus, along the inside of the thigh. As soon as I had seen the advantage of the elastic bands, I added these to the apparatus; and ever since, the child appeared to move the body with greater security, and to be quite free from pain, although left to play on the floor with her brothers and sisters, without that care which the case appears to demand. The patient is now quite well.

**CASE III.** (related by Mr. Christophers.)—S. Tomlison, aged 49, a painter, residing at No. 10, Rose street, Greek street, became a patient at the Blenheim Street Dispensary, July 13th, 1838; he stated his case as follows:—“I was helping to carry a heavy case down stairs, and when nearly at the bottom of the flight, I thought there were no more steps, which caused me to make a false step, and my foot to slip under me. On getting up, I was unable to stand, and reached my home only with the assistance of my friends.” The patient was first seen by Mr. Andrews (Mr. King's house pupil) and myself. Mr. A. discovered a fracture rather below the inferior third of the left fibula. At four o'clock, Mr. King applied the apparatus of Seutin, although there was considerable pain, with swelling about the ankle. Ten hours afterwards, upon the advice of Mr. King, I cut open the bandage, and applied my elastic India-rubber bands.

14th.—At eleven o'clock, the limb had swollen, and the margins of the apparatus were a little apart; but the patient was free from pain, and seemed comfortable; he kept his bed for the four following days, and was quite easy. On the fifth day he was able to move from his bed with crutches, the leg kept in a sling. Since this time he has been able to take more and more exercise; the swelling has subsided, and the lips of the bandage are in contact. He is now nearly well.

## BIBLIOGRAPHICAL NOTICE.

*Jackson's Report on Typhoid Fever.<sup>1</sup>*

It is a common, and—we think—in general, a correct impression, that the younger members of the profession have, in all ages, contributed more to the improvement of the science by their publications, which form a record of the existing state of doctrines and practice, than those who have been more advanced in years. In explanation of this it has been urged, that the older practitioners are more occupied, it is to be presumed, in the active exercise of their profession, and consequently have not the leisure to publish the results of their observations to the world. This excuse is, however, rarely valid, and it will generally be found, that the same disinclination—for various reasons—to employ the pen has existed at a time when their practical duties were by no means onerous.

It may, we presume, be asserted, without fear of contradiction, that in a profession devoted to the relief of human suffering and to the best interests of humanity, it is the bounden duty of every one to register and publish what he may consider calculated to promote its interests or its objects; and whatever may be the estimation placed upon the benevolent exertions of one who has devoted his whole life assiduously and honourably to the practical pursuits of his profession, it must fall short of that which is entertained for him who, in addition, has put the world in possession of the results of his observation and reflection. In the former case, fresh practitioners soon appear upon the field of his useful labours, and after he has passed away, his memory is cherished for a brief space amongst those who were benefited by his skill and attention, but the feeling soon vanishes and becomes transferred to his successors; whilst, in the latter case, his services are appreciated, not merely amongst the limited circle of his patients; but the profession estimate him as a benefactor, and when he dies, his useful productions cause his memory to be respected, and prevent his name from ever falling into oblivion.

We have not the pleasure of a personal acquaintance with the estimable author of the production before us, but every where we have heard him spoken of as the amiable and excellent physician;—a model of useful and philanthropic exertion, and of honourable and upright conduct towards his professional brethren. Having passed through a long career—destined, we trust to be yet more protracted—of professional usefulness, it is pleasing to see him still anxious to observe accurately the phenomena of disease, and to communicate the result of such observation to his brethren. Dr. Jackson is, indeed, eminently one of that “latter” class to whom our preceding remarks are signally applicable.

The report before us is on the common continued or typhoid fever of New England, and is based on three hundred and three cases, observed in the Massachusetts General Hospital. From it we learn, that the *fatality* of the

<sup>1</sup> A Report founded on the Cases of Typhoid Fever, or the common-continued fever of New England, which occurred in the Massachusetts General Hospital, from the opening of that institution, in September 1821, to the end of 1835; communicated to the Massachusetts Medical Society in June 1838. By James Jackson, M. D., late Attending Physician to that Hospital. 8vo, pp. 95. Boston, 1838.

disease was 1 in 7.214; the ratio of males to females 1 to 2.19; the average age 23.309; the deaths in cases admitted in the first week of the disease were 1 in 12.85; in the second week, 1 in 8.68; in the third week, 1 in 4.60; in the fourth, or later, 1 in 4.20.

**SYMPTOMS.**—Tongue dry in 1 in 2 cases; denuded in 1 in 5.50; dark in 1 in 6.28. Where the tongue was dry, there proved fatal 1 in 4.71 cases; where denuded, 1 in 8; where dark, 1 in 3.23.

Nausea and vomiting were frequent symptoms, especially at the commencement; dysphagia occurred in twenty-one cases, of which four were fatal, that is 1 in 5.25. Meteorism was common. Diarrhœa occurred in 1 case in 1.77; and was followed by death in 1 in 5.21 cases. Where diarrhœa did not exist the mortality was 1 in 13. Hemorrhage from the bowels occurred in 1 in 9.77 cases; of these 1 in 2.81 proved fatal. Where it did not occur the mortality was 1 in 8.77.

The state of the pulse is indicated by the following table:—

	AVERAGE OF	
	least frequent pulse.	most frequent pulse.
In 290 cases, all in which the pulse was sufficiently noted,	70.07	106.44
In 1826,	70.08	100.30
In 1824,	84.00	122.22
In the cases which terminated favourably, taken alone,	74.16	102.68
In the cases which terminated unfavourably, taken alone,	91.88	129.29
In the males, among these fatal cases,	85.50	124.29
In the females, among the same,	106.64	138.85

Epistaxis existed in 1 case in 4; and of these 1 in 6.72 proved fatal. In the fatal cases, it occurred in 1 case in 3.81; in the favourable cases 1 in 4.14. In a large proportion of cases chills occurred; much less frequently rigors; and heat was rarely absent. In 184 cases, involuntary dejections of urine were noted in 10 cases; of these 10 cases 6 proved fatal. In 6 cases there was retention of urine; 3 of these proved fatal. Dysury was troublesome in 6 cases, of which none were fatal. Headache was almost always present early in the disease, and dizziness and tinnitus aurium were very common. Watchfulness was present in 1 case in 3.65; in the favourable cases, 1 in 3.95 was watchful; in the fatal cases, 1 in 2.47. Among the watchful, 1 in 4.88 died. Somnolence occurred at a late stage in many cases where watchfulness had existed previously. It was present in 1 case in 6.44; among the favourable cases as 1 to 7.25; in the fatal cases as 1 to 3.81. In the cases in which it was present, 1 in 4.27 was fatal.

As to the therapeutics of the disease—the great object after all, although we see too many evidences that it is occasionally considered of less moment than diagnosis, which is to be deplored, it is best perhaps to give the summary of the author, with which we must conclude this notice, already extended far beyond our usual limits, with the earnest recommendation, that the pathologist and therapist should carefully peruse and ponder on the “Report,” if they are fortunate enough to have an opportunity of obtaining it.

“In reviewing the statements which have been made in respect to treatment, we may, I think, adopt the following conclusions; at least, we may

adopt them as rendered probably just, and as worthy to guide us in future efforts for the welfare of those affected with the typhoid, or continued fever of New England.

"First, that on the attack of this disease, the patient should immediately desist from labour and mental exertion, abstain from food, except of the simplest liquid food, and place himself in bed, or at least, in a state of repose.

"Second, that free evacuations should be made at the beginning, and that in doing this, a day is important. It is better that they be made the first day than the second, better on the second than the third; but that it is especially important that they should be made as early as the third day. That an emetic of tartarised antimony should first be given, and then an active cathartic or two in the combination. If there is constipation at the time, an active enema, given at first to disembarass the bowels, would no doubt facilitate the action of an emetic. If the vomiting and purging are not followed by great relief, venesection should be practised on the following day, unless the constitution should be very feeble, or the case very mild.

"Third, if the disease has not subsided after the evacuations, tartarised antimony should be given every two hours in increasing doses, after the method of Odier before mentioned. Meanwhile, the bowels should be kept open, and, for two or three of the first days, it would be well that calomel should enter into the medicine used for this purpose; not, however, giving more than one moderate dose in a day. It should be noted, however, that, usually, after the antimony has been given for forty-eight hours, this will act sufficiently on the bowels, and that sometimes it must be restrained by opium.

"Fourth, that, when the disease subsides early under any active treatment, it is quite essential that the patient should be restrained from solid food for two or three days, at least, after he has an appetite for it; and that he then use only vegetable food in small quantities, for two or three days more. Likewise that he should not be allowed to make any efforts of either body or mind, until his convalescence is fully established. By this it is not intended that he should be confined wholly in bed, but that he should be confined to his chamber, and not allowed to talk on business, nor on any interesting subject.

"Fifth, that evacuations, vomiting and purging at least, may be resorted to with advantage in the second week; and that perhaps some benefit may be obtained from antimony in small doses, when commenced in that week. But that, after that period, no active treatment should be employed, or none which will cause any serious inconvenience to the patient.

"The remarks under the following heads are offered as the result of my experience, as it remains in my mind; but not as deductions made according to the numerical method.

"Sixth,—as to diet. There is no point, probably, on which all practitioners are more agreed, than that food should be withheld from persons affected with this disease in its early period, except only the mildest, or most bland, liquid articles. Probably food would be injurious in its early period, at least, if it could be digested. But it cannot be digested perfectly, and often not at all, and that alone should forbid the use of it. When the disease is arrested or mitigated by treatment, it is very certain that an indulgence in the use of food is most commonly injurious, and that the cautions already stated, are not too severe. When, however, the patient is fully reinstated, he must be allowed some extra food for the recovery of his flesh and strength. This must be done cautiously; but an extreme and protracted abstinence is injurious. When the disease runs its usual course, and the appetite for food returns, is there any danger in the indulgence of it? To this question I answer, in proportion as the return of appetite takes place early, more caution is necessary. If it takes place at, or about the end of the third week of the disease, if it is decided, and if it is accompanied by a cleaning of the tongue, almost any article which the patient craves may

be allowed him with safety. The appetite is usually a sufficient guide as to the quality of the food; but not as to quantity. In a large proportion of cases it will be found a most uncertain guide as to quantity. Hence it is necessary to begin with small quantities, and to increase gradually. It is equally necessary to make the intervals long between the portions of solid food, which are given in the early period of convalescence. At first, there should be one portion of solid food in the day; the next day, if every thing is favourable, two portions, with five or six hours between them; and two or three days later, watching the effects, three meals may be allowed. But we are not merely to feel the pulse under these circumstances, to see if the fever has increased. The danger is not, I apprehend, that the system will be too suddenly nourished. It is that the enfeebled organs of digestion may not be able to digest the food. We must therefore watch all the signs which refer to those organs. Only, if the head should ache, or other organs be disturbed, we should remember that the prominent signs of indigestion are often shown elsewhere than in the stomach, and stop the food till it appears whether this is not now the case. It is also to be constantly remembered, that constipation of the bowels will be followed by indigestion, and that evil must therefore be guarded against.

"Seventh, cordials. On this, as under the last case, I must give the convictions arising from the most careful observations I have been able to make in many years. I cannot adopt the more accurate mode of the numerical system. Nor in this case could this system be usefully followed, unless with the greatest attention to the state of each case. It has appeared to me that we should not adopt the rule to give cordials, nor to withhold them, in every case. When a patient is induced to take cordials reluctantly, they seldom benefit him, and are often followed by injury. When he is greatly enfeebled, at a late stage of the disease, he may be safely asked if he wishes for them, and if he does, he may try them; they will seldom hurt him then, if he takes no more than is grateful to him. When he spontaneously demands them, as late as the third week, they will almost always be found useful. Now, in following these rules, I have occasionally found a patient who would take a large quantity of some cordial liquor. But this has been rare. Few take them longer than two or three days, and the majority of patients do not take them at all. It is proper to add that by cordials I mean vinous liquors. I have most commonly found cider grateful in the first instance, beginning with an ounce, two or three times a day, and increasing according to the effects. Sound beer, or ale, is more rarely, but sometimes grateful. In patients much exhausted, however, the strong foreign wines, Sherry, Port, and Madeira, are found most useful. These articles may be diluted, or may be employed to season articles of diet, or may be given alone, according to the taste of the patient."—p. 93.

#### *Granville on Counter-Irritation.*<sup>1</sup>

It would be an essential improvement in therapeutics were the practitioner, instead of flying from one mode of treatment, or from one combination of remedies, to another, to test the advantages to be derived from single articles of the materia medica. We have taken numerous occasions to inculcate this simplicity in practice, and to show the absurdity of employing complex combinations, from which but little positive experience can generally be acquired; and although we may not be disposed to embrace the views with which the homœopaths have advised the administration of

<sup>1</sup> Counter-Irritation, its principles and practice, illustrated by one hundred cases of the most painful and important diseases effectually cured by external applications. By A. B. Granville, M. D., F. R. S., &c. &c. 8vo, pp. 353. London, 1838.



single articles, good cannot fail to accrue to the honest observer from an adoption of the recommendation.

The work of Dr. Granville, which is commenced in this number of the "Library," details his experience with revellents, an important class of remedial agents, too much neglected in works on therapeutics, but to which we have devoted a long chapter in another publication.<sup>1</sup> The main efficacy of every local stimulant is doubtless exerted in the way of revulsion.

Dr. Granville's work appeared in London in August, and at the expiration of a month from its reception in this country it will be completed and in the hands of our subscribers.

*Successful Amputation of nearly one half of the Lower Jaw-Bone.* By PAUL F. EVE, M. D., Professor of Surgery in the Medical College of Georgia.—My attention, (says Prof. Eve,) was first called to the following case about the middle of last May, by my friend, Dr. Philip S. Lemle, a highly intelligent practitioner of medicine, of Louisville, in this state. The patient is a negro woman, about 25 years of age, the mother of one child; she had experienced pain in the left side of the lower jaw-bone for ten years. Some of her friends think that she had suffered even from childhood what was supposed the tooth-ache. The molar and bicuspid teeth of the side affected had all been successively removed, the last by Dr. Lemle, about four months before the operation. A very large tumour had gradually developed itself around the left half of the lower jaw-bone, and as it was at one time somewhat elastic at one point, had been punctured, from which, however, there flowed only a few drops of blood.

Dinah, the patient, was brought to Augusta on the 26th of last May, and placed under the care of Dr. Antony and myself. In a letter addressed to us, it was stated, "that she had been complaining for years of the jaw-ache, which had entirely resisted the usual remedies for the tooth-ache. The presumption, therefore, is, that the disease has been gradually working its ravages for a great length of time." We were particularly instructed under no circumstances to operate, without there existed a *reasonable hope* of saving her life. It was first determined by us in consultation, to prepare the patient for an operation, which had been decided upon, not only from the existing circumstances of the case, but also from the knowledge of the judicious treatment of the disease by Dr. Lemle, aided by Dr. Jenkins, an old and very respectable physician, also of Louisville. But during the night of the 29th, three days after her arrival, Dinah was nearly suffocated by the pressure of the tumour upon the larynx, and was only able to swallow after the application of ice to it. This at once hastened our preparations for the operation, which was performed on the 31st of May, and certainly not under very favourable circumstances.

Assisted by the faculty, but more especially by Drs. Antony and Newton, the operation was commenced by making an incision from the left angle of the mouth, and extending it in a perpendicular line to the thyroid gland, from which an illiptical one was made to the lobe of the left ear, including the most prominent part of the tumour in the illipsis. Upon cutting through the lip and denuding the lower jaw-bone, we found an effort of nature at separation near its symphysis. Extracting the canine or stomach tooth, the bone was divided by a small saw, half an inch beyond the line marked by the absorbents. The next object was the removal of the inferior maxillary on the affected side from its connection with the temporal bone, or of its division, provided the disease was arrested in it short of this articulation. By careful dissection, a line was perceived and defined by the absorbents in

<sup>1</sup> General Therapeutics, p. 333, Philada., 1835.

<sup>2</sup> Southern Medical and Surgical Journal, for July, 1838.

the lower part of its neck. The saw was again employed, leaving only the condyle with a small portion of the neck, and the operation was completed by detaching the insertion of the temporal muscle into the coronoid process of this bone, which was removed with the diseased mass. The section of the lower jaw-bone measured at its base four and three quarter inches.

The outer surface of the portion of bone removed was very rough, and denuded of its periosteum, to which latter was attached a large irregular fungous growth, varying in consistency from cartilage to fibrous structure, and extending into the skin and surrounding tissues—there being nothing in this direction like a cyst or even decided limit to the disease. The periosteum of the inner surface of the bone was not completely detached from it, and to it were also adherent large masses of fungus, which had filled the mouth, pushing the tongue to the right side, and projecting down the throat. These had an investing membrane of a delicate structure, and resembled large irregular tubercles. The artery of the lower jaw-bone was entirely obliterated, and its canal was greatly enlarged and made very rough by the action of the absorbents. At both the divisions, however, made by the saw, this bone bled freely, thereby proving that at these places it was sound and unaffected by the disease which had destroyed a portion of its body.

As the patient had fainted several times during the operation, though sustained by stimuli, and as the tumour was not encysted, it was found impracticable to remove every part which had become affected by the diseased action. We had, moreover, proceeded in this case upon the principle, that the disease originated in the bone, and that if the root and body of the tumour were extracted, its projections into the surrounding tissues would necessarily be absorbed. A small tubercle was, therefore, left under the zygomatic arch, together with some enlargement in the skin over the left carotid artery, and also over the thyroid cartilage.

The application of three ligatures to as many arteries, some eight or ten sutures in the skin, with adhesive strips and patent lint to fill up the cavity made by the removal of the jaw-bone and tumour, with a bandage, completed the dressing; and the patient was placed in bed, after having been on the operating table three hours. Much of this time, however, was consumed in restoring her from syncope. After this, with the exception of various accidental symptoms, she went on improving up to the 17th of June.

I have nothing particular to relate, (adds Prof. Eve,) concerning the patient up to the 17th, except the difficulty, common with all negroes, of making her comprehend the importance of diet. She would insist upon solid food, particles of which were frequently found in the lips of the wound. She had also two attacks of colic, the result of eating improperly. It was about this time I perceived the skin taking on disease in the region of the pomum adami, and soon two tubercles projected from it into the wound, all of which had cicatrised except this place, where an opening was still kept up, and through which a portion of her ingesta, particularly fluids, would flow out.

On the 21st of June, I had to leave Augusta for Charleston, to bring home a near relative, saved from the awful shipwreck of the Pulaski, and on my return saw with regret that diseased action, apparently of the most malignant nature, had not only commenced in the skin, but had also invaded the sound cicatrix. Creosote, iodine, &c., were now freely employed, but seemingly to little purpose, and Dinah left on the 9th of July for the country.

I had the pleasure to hear, on the 2d of August, (more than two months since the operation,) from my patient, who is unexpectedly much improved. She has still continued the internal use of iodine, nine drops of the tincture three times daily, and dresses the ulcer with chloride of soda. I learn the diseased skin has sloughed off, and the only tumefaction now existing is in the right sub-maxillary gland. There is no enlargement under the zygomatic arch, nor in the course of the left carotid. Her appetite is good, and she takes exercise daily.

**British Provincial Medical and Surgical Association.**—At the sixth anniversary of this "important and rapidly increasing society," held at Bath, on the 18th and 19th of July last, the following gentlemen were appointed "Honorary Corresponding Members:"

**RUSSIA.**—*F. C. Markus, M. D.*, Chief Physician to the Gallitzin Hospital, Moscow, Counsellor of State, Knight of the Order of St. Anne and St. Wolodmir. *George Lefevre, M. D.*, Physician to the British Embassy, St. Petersburg.

**SWEDEN AND NORWAY.**—*D. Holst, M. D.*, Professor of Medicine in the Royal Frederick's University, Christiana.

**DENMARK.**—*C. Otto, M. D.*, Professor of Pharmacology and Forensic Medicine in the University of Copenhagen.

**AUSTRIA.**—*Burkard Eble, M. D.*, Military Surgeon, Librarian of the Josephine Academy, Vienna.

**HOLLAND.**—*J. L. Schroeder van der Kolk, M. D.*, Professor of Anatomy and Physiology in the University of Utrecht.

**FRANCE.**—*E. C. A. Louis, M. D.*, Physician to La Pitié, Paris. *M. ANDRAL.*

**ITALY (North).**—*Carlo Francisco Bellingeri, M. D.*, President of the Medical Faculty in the University of Turin, &c. (South). *Maurizio Bufalini, M. D.*, Professor of Clinical Medicine at the Hospital Santa Maria, Florence.

**PORTUGAL.**—*Antonio Jose de Luna Litao, M. D.*, Physician to the Hospital San Lazaro, Lisbon.

**UNITED STATES OF AMERICA (North).**—*John C. Warren, M. D.*, Professor of Anatomy and Surgery, Harvard University, Boston. (South). *Robley Dunglison, M. D.*, Professor of the Institutes of Medicine, &c., Jefferson College, Philadelphia.

**EAST INDIES.**—*W. B. O'Shaughnessy, M. D.*, Professor of the Institutes of Medicine in the Medical College, Calcutta.

**BRAZILS.**—*Luis Vicente de Simoni, M. D.*, Secretary of the Imperial Academy of Medicine of Rio Janeiro.

**MEXICO.**—*Guillemio Schiede, M. D.*, Member of the Academy of Medicine, Mexico.

**AUSTRALIA.**—*E. C. Hobson, M. D.*, Naturalist to the Colony of Van Diemen's Land, Hobart Town.

The next Anniversary will be held at Liverpool.

#### BOOKS RECEIVED.

**From the Author.**—A Report founded on the Cases of Typhoid Fever, or the common continued fever of New England, which occurred in the Massachusetts General Hospital, from the opening of that institution in September 1821 to the end of 1835; communicated to the Massachusetts Medical Society, in June 1838. By James Jackson, M. D., late Attending Physician in that Hospital. 8vo, pp. 95. Boston, 1838.

**From the Publishers.**—Health and Beauty, an explanation of the Laws of Growth and Exercise; through which a pleasing contour, symmetry of form, and graceful carriage of the body are acquired; and the common deformities of the spine and chest prevented. By John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence, &c. &c. 12mo, pp. 253. Philad., 1838.

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## ART. I.—ON WIND-CONTUSIONS.

(In reply to Dr. Purdie.)

BY SAMUEL ANNAN, M. D.

[With the following communication, the discussion on the subject of "Wind-Contusions" must cease. Each party has had ample opportunity to state his views publicly, and farther discussion would be apt to lead to crimination and recrimination, without, perhaps, furthering the interests of science.

On any other subject we shall be pleased to hear from our zealous correspondents.—*Ed.*]

Baltimore, September 22, 1838.

*Professor Dunglison.*

You express a desire in your last number that the discussion on this subject should now close. It is surely not quite fair that my assailant should have both the first and the last blow. I shall not occupy much of your space; which I confess might be devoted to more important matter. That, however, is not my fault.

Dr. Purdie in his first paper adduces an instance of *explosion* of a shell, to prove that cannon-balls produce death without striking the victim; and gives the hypothesis of Dr. De Butts, as the best explanation of the mode in which it is effected. Now I imagine that when I have said, "if we do admit the production of a large quantity of electricity by the bursting of a shell, this is not proof that it accompanies a cannon-ball or a shell previous to bursting," I have shown that the case, admitting all the facts to be correctly stated, has nothing to do with the question at issue. It never was denied, by any one, that the explosion of a thirteen inch shell, containing six pounds twelve ounces of gunpowder, and weighing one hundred and ninety-eight pounds, would cause a great concussion of the air, and produce a large amount of electricity. But what relation does this bear to the passage of a cannon-ball close by the body of a man in battle, or elsewhere? Not the slightest. Nevertheless, Dr. P., in his last paper, attempts to strengthen this case by quoting the dissection, by Dr. J. B. Brown, of Boston, of a man killed by lightning. Admit that the electricity excited by the explosion of the shell caused the death of Lieut. Claggett, and that the appearances were the same as if he had been struck by lightning, does that prove that cannon-balls, or shells, previous to explosion, although the fuse is in a state of combustion, excite sufficient electricity to cause death, however close they may pass by the human body? Unquestionably not. Neither has the tremendous concussion of the air, consequent upon the explosion of a shell, the most remote resemblance, as regards effects, to that trifling commotion produced by the passage of a ball through the air.

Dr. P.'s logic is as remarkable as the inapplicability of his facts. To  
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show that friction between metals and atmospheric air will excite electrical phenomena, he informs us, that the night before a battle, "the Roman javelins emitted a light like torches." If the battle had been fought in the night, the flight of the javelins through the air would have been a case in point; but while the troops are reposing, and strengthening themselves for the conflict of the next day, one does not readily perceive the cause or existence of friction. The truth, however, is, that in these instances no motion whatever is required; neither is it necessary, as Dr. P. supposes, when speaking of the apparatus of Mr. Crosse, that there should be *vertical* points; nor is it correct to say that the electricity is "collected" under these circumstances. This electrical light is exhibited by metallic *points*, in any position, under certain electrical conditions of the atmosphere; has been frequently noticed by the illiterate, as well as by philosophers; and is an example of the *transference* of electricity by a good conductor, with a *point*; and if Dr. P. will again consult any good treatise on natural philosophy, he will find, that as it goes out of a *pointed* conductor, the streams diverge, forming a pencil of light; as it passes in, the light has a resemblance to a star.

But what has the doctor's long account of facts, known to every tyro, respecting the transference of electricity from the atmosphere, when accumulated in clouds, by means of kites, &c. &c., to do with the matter in hand. The question is, do cannon-balls, in their passage through the atmosphere, collect a sufficient quantity of electricity to injure the human body, as they pass close by it. We do not want a statement of the old facts respecting pointed conductors. No one denies that the atmosphere contains electricity; that it may be collected in great quantity in clouds; and transferred by pointed conductors. What we want is some evidence that cannon-balls collect it. Dr. De Butts's halo has been given up; which, if it had been based on correct observation, would have been a strong fact. In the absence of other evidence, it is wasting time to oppose any part of a man's philosophical creed. Some men have a strong, others a weak faith. I trust I never shall adopt any man's views, farther than he establishes them by satisfactory evidence.

It would occupy too much space to point out all Dr. P.'s special pleading, and additional mistakes. I will briefly notice one or two instances.

1. As to the dismounting of the gun. The probability is, that when the wheel was broken, the end of the axle-tree fell down, and the gun rolled off, passing over Lieut. C. on its way to the ground, and compressing the chest sufficiently to injure fatally the internal organs, which it might readily do without causing a laceration of the skin.

2. With respect to the case of General Elliott. The doctor says, "possibly the weather was unfavourable to the generation of atmospheric electricity." Atmospheric electricity does not require to be generated. It always exists; and when we have it proved, that under any circumstances it is collected by cannon-balls and retained, it will be time enough to enquire into the causes which prevent this accumulation.

But enough of this, as I know you are tired of the subject.

S. ANNAN.

## ART. II.—BLOCKLEY HOSPITAL REPORTS.

*Cases of External Poisoning by the leaves of the Pastinaca Sativa, or common garden Parsnip.* Reported by ALEXANDER VEDDER, A. M. Senior Resident Surgeon.

Two females entered the hospital, who, according to their account, had their arms poisoned by the garden parsnip. It was at first supposed that they must have been poisoned by some noxious weed growing among the

parsnips; but by referring to the works of Orfila and Christison on poisons, and from other evidence, we have no doubt that the parsnip was the poisonous agent.

Mr. Graham, a very intelligent and experienced gardener, employed by the Board of Guardians, informs me that he has repeatedly seen the common parsnip produce vesications, &c., of the arms, and several times on his own person; but he has never known these effects to follow unless the leaves were moistened either by *rain* or *dew*.<sup>1</sup>

Jane B., ætat. 29 years, entered the Women's Surgical Ward, August 10, 1838. Her habits are moderate. During the summer season, for several years past, she has worked in a garden on the banks of the Schuylkill. The ground is rather low, and is overflowed at times. August the 7th, she and her companion were engaged pulling weeds in a bed of *parsnips*. The day previous there was a heavy shower, but for several weeks there had been no rain. No other person had worked in this bed since the seeds were sown. There were a great many weeds. She had her arms uncovered to the elbows; had on no shoes or stockings. The evening of the 7th her arms became painful and red, with an itching and burning sensation. Her feet were less painful. Slept none that night. The next day her arms became covered with numerous small vesicles, about the size of a pin's head, containing a clear fluid, the burning sensation increasing. The vesicles coalesced, becoming as large as half an egg; about a dozen on each fore-arm, discharging a yellow serum. Arms began to swell on the 9th. Lost her appetite from the first. No vomiting nor purging. She has had great thirst—drinking, she thinks, a gallon of water daily. Her eyes became painful and weeping on the 8th. Cephalalgia at times. Lead water has been applied without any alleviation.

Present state, August 10th, P. M.—Muscular; dark complexion. Eyes watery. Face somewhat flushed. Tongue nearly clean, moist. Pulse 96. Skin about natural. The entire fore-arms, and a short distance above the elbows, are covered with confluent vesicles, moderately distended with a straw-coloured fluid. The fore-arms are much swollen, moderately tense, and of a pale red colour; they do not pit on pressure; capillary circulation inactive. The joints of the hand and elbow are rigid. The temperature of these parts is higher than elsewhere. Complaints of pain and a burning sensation. The ankles present the same appearances, but in a less degree. Has considerable thirst; anorexia; cephalalgia. No pain in the axillary glands.

Apply to the right arm the solutio plumbi acetatis; to the left the oleum olivæ, and envelope it in cotton wool.

R. Magnes. sulph. ʒi.; antim. et potassæ tart. gr. ii.; aquæ, ʒiv. Sumat fluidunciam quater indies. Gruel.

12th.—Slept well; expression gay; appetite improved; thirst less; less swelling of the fore-arms—can now move her fingers; burning sensation much diminished; thinks the right arm is less painful than the left, and has a better appearance. The cuticle is removed from the right arm, except in a small space.

Continuentur remedia.

14th.—The skin is very red on the fore-arms; still a sensation of burning. The right is more painful than the left. Sleeps well; appetite returned.

Continuentur remedia.

19th.—Is still confined to bed. No swelling of arms; they are of a florid red colour. A small spot on the dorsal surface of the left arm continues tender.

<sup>1</sup> It is very generally believed by the inhabitants of the country that the acrid matter of the *rh. radicans* and *rh. glabrum*, when combined with moisture, are most apt to produce vesication.—A. M. V.

Omittantur mistura.

Discharged cured, August 24th.

CASE 2.—Eliza White, æt. 19 years, had been at work in the same garden with the subject of the first case. Temperate habits [?]. The anterior history of the first applies in all respects to this case.

Present state, August 11th.—Robust, fleshy; expression natural; eyes not affected; appetite not lost. Her arms present the same appearance as in the other case, but in a less degree. Complains of thirst; pulse 84.

Sumat misturam ut supra præscriptam. Apply to the right arm the unguentum stramonii, to the left the mucilago seminum lini.

12th.—Sleeps well; arms are less swollen and less red: sensation of burning almost gone; complains of itching; thinks there is no difference in the improvement of the arms.

13th.—Uneasy sensations have ceased; desquamation of the cuticle has taken place; arms are of a red colour.

Omittantur remedia.

On the 19th she complained of some cerebral symptoms, which disappeared after cupping to the nape of the neck.

August 20th, discharged cured.

Both patients entered the ward at the same time, the one remained there fourteen, the other ten days. The difference in the time of recovery must, perhaps, be attributed rather to the original difference of the cases than to the treatment. In the first case, cephalalgia, anorexia, and affection of the eyes existed, which were not present in the second. Four kinds of treatment, it will be seen, were adopted, but one appeared to answer as well as the other.

A. M. VEDDER.

### ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

#### 1.—Case of *Gastro-Enteritis*. Reported by EDWIN A. ANDERSON, M. D. of Wilmington, N. Carolina, Senior Resident Physician.

Isabella Vennimar, aged 26, admitted July 25th, 1838, was born in New York; is married; a seamstress by trade, and of very intemperate habits. Has long indulged freely in the use of opium, in order to procure calm placid and pleasurable sensations. Two months previous to admission into the hospital, slept imprudently under an open window, which induced severe catarrh, followed by anorexia and expectoration of a thin whitish mucus, with severe pain in the left side on taking a deep inspiration. Before her entrance into the ward her side was rubbed with some irritating liniment; she was then purged with mercurial and cathartic pills, followed by venesection to the amount of eight ounces. Under the above treatment pain in the side and mucous expectoration disappeared; respiration became more easy and free; but she was left excessively debilitated and feeble. On her entrance into the hospital she complained of great debility and severe pain in the epigastrium; no discharges from alimentary canal for several days.

*Prescription*.—R. Olei ricini, ʒ ss.; tincturæ opii, gtts. xxv.; fiat haustus statim sumendus. This operated four times, followed by some relief of symptoms.

On the night of the twenty-fifth the patient had a dark-coated tongue; abdomen was painful on pressure, and the stools were frequent and watery.

*Prescription.*—R. Mass. hydrarg. grs. viii.; pulv. opii, gr. i. Fiat pilula statim sumenda.

July 26th, present state.—Tongue reddish, diphtheritic, not furred; constant vomiting of dark-coloured matter; three or four yellowish dejections; abdomen slightly painful upon pressure; pulse 110, soft, very weak, extinguished by slight pressure.

*Prescription.*—Applicetur cucurbitulæ cruentæ, No. II.; cucurbitulæ siccæ, No. VI. epigastrio. The application of the cups was followed by a cataplasm of hops, and she was ordered immediately the enema domestici and six ounces of port wine in the day, with spiced essence of beef as diet.

July 27th.—Vomited only four times on the night of the twenty-sixth; one dejection, attended with severe pain, in the twenty-four hours: pain in epigastrium still continues; pulse 84, of better volume and strength; skin soft, moist, natural. Tongue still presents the same appearance.

Applicetur emplastrum cantharidis epigastrio. Capiat solution. sulphatis morphinæ, 3i. quater indies. Let the blistered surface be sprinkled with a grain of sulphate of morphine. Small pieces of ice were directed to be kept frequently in the mouth.

July 28th.—Vomited frequently in the night of the 27th. One dejection in twenty-four hours, unattended with pain; pain in the stomach has now almost disappeared; tongue cleaning, less diphtheritic; pulse 118; skin soft, natural; countenance improved; intelligence clearer; strength better. Continue the treatment of 27th. Omit the wine to-day.

July 29th.—Vomited only twice on the night of 28th; two watery stools, without pain, in the twenty-four hours; pain now entirely ceased in epigastrium, even upon firm pressure; tongue still presents nearly the same appearance as before, resembling newly tanned sole-leather; complains of great weakness and nausea; pulse 113, soft, rather weak; skin hot, dry, harsh to the feel. Suspend the solutio morphinæ sulphatis. Small lumps of ice in the mouth to allay thirst and vomiting, and give as diet two eggs beaten up with four ounces of cinnamon water and two ounces of wine, with sugar to sweeten it.

July 30th.—Two stools in twenty-four hours; vomited twice in the night of the 29th; no pain now felt in epigastrium; tongue nearly as before; strength increased; pulse 110, soft, but stronger than on 29th; skin moist, soft, natural. Continue ice and egg mixture.

July 31st.—Complains of weakness and cough; vomited once only during the last twenty-four hours; two watery dejections on night of 30th; abdomen tender upon pressure; tongue as before; great thirst; anorexia; pulse 120, small, weak. Continue egg mixture with half the quantity of wine.

Applicetur emplastrum cantharidis epigastrio.

August 1st.—The reporter was called at 4 o'clock, P. M., on the evening of 31st July to see the patient. Found her labouring under severe pain in the hypogastric region, brought on by strangury, induced by the vesicating plaster.

R. Mucilag. seminis lini, 3 iv.; tincturæ opii, gtts. xxxv.,—pro injectione. Capiat solut. morphin. sulph. 3i. alternis horis donec dolor epigastrii cessat.

Pain in hypogastrum ceased soon after the exhibition of enema, and one dose of the solution of morphine. Present state: one stool in twenty-four hours; no emesis; slight pain in abdomen on pressure; tongue fast cleaning; skin of body warm, of extremities icy cold; pulse 120, very weak; intelligence bad, mind wandering, slight delirium; great prostration.

Ordered spiced beef essence as diet; wine, 3 vi.; sinapisms to extremities, and warm water to feet. The symptoms, however, became more aggravated; reaction never took place, and on the 2d she died.

*Necropsy fifteen hours after death.*—Exterior: body not emaciated; no rigidity; skin of a light yellow hue. Thorax—left lung bound down by



several old adhesions, engorged with serum; tissue of a dark red colour, containing air, not tuberculous. Right lung somewhat engorged in the lower lobe; abundant spumous serum issued from the cut surface. In the upper lobe a few scattering tubercles were found, a cluster of which, about the size of a chestnut, existed near the anterior surface of the lung. An inch from this cluster, a cavity was found of the size of a filbert, lined by a shining smooth false membrane. The tissue between the pleura and the walls of the cavity was cartilaginous, about the one sixteenth of an inch in thickness. Heart—flaccid; left ventricle collapsed, containing no coagula; lining membrane deeply tinged, of a red colour. Semilunar and aortic valves soft and flexible. Left ventricle atrophied five sixths of an inch in thickness; right ventricle one eighth of an inch thick. *Abdomen*—liver larger than natural, fatty; gall bladder distended with bile. Stomach—contained two ounces of chocolate-coloured matter. Mucous membrane rather pale near the pyloric orifice, covered with a pulpy membrane not easily demonstrated. In the larger curvature of the stomach there was decided ecchymosis in the sub-mucous tissue; mucous membrane near the cardiac orifice much softened, easily demonstrated.

Small intestines—contained a quantity of thin yellowish fæces. Small vessels in the upper part of the duodenum minutely injected. Slight injection of the larger vessels of the ileum; mucous membrane easily detached. About the middle of the ileum, in a tract six inches in extent, the blood-vessels were finely and minutely injected. Receding downwards we observed four similar tracts presenting the same appearance and size, with the addition of one of double the extent.

Large intestines—near the caput coli, for the space of six inches, the mucous membrane presented several dark ecchymosed spots; the same appearance was also observed in the extent of two feet near the termination of the colon. Remainder of abdominal viscera in a healthy state.

E. A. ANDERSON.

2.—*Case of Hypertrophy of the Heart and Hydrops Pericardii.* Reported by ALEXANDER M. VEDDER, A. M., of Schenectady, N. Y., Senior Resident Physician.<sup>1</sup>

Elizabeth Edwards, æt. 54, was admitted into the Black Woman's Medical Ward, July 12th, 1838. Is a native of New Jersey. A widow for sixteen years; has had four children; works at service. General health good; very subject to pain in the chest, at which times she always had a cough; has been usually bled for these attacks, which relieved her. At fourteen years of age a physician told her she had phthisis; she was then very short-breathed, from which she partially recovered. Has been subject to spitting of "red" blood for twenty years. No cough, except when she has a cold, to which she is very liable. Never had inflammation of the eyes; has been subject to giddiness and headache for twelve or fifteen years. If she stooped, was liable to fall on account of giddiness and "fulness" of the head; says she has fallen several times in this way. Eyesight always good. For two years past has had frequent attacks of hemorrhage from the nose; has been somewhat short-breathed ever since she can recollect, but it has increased for the last year. Two years since she had an attack of rheumatism of the right wrist; another in January last, in the wrist and articulation of the left inferior extremity. Both inferior extremities were much swollen soon after.

Has been subject to palpitation for fifteen or sixteen years, more especially when she exerted herself. Has slept with her head elevated for three months. In January last she worked in a cold kitchen; was attacked with cough and pain in her limbs; her inferior extremities soon began to swell, she

<sup>1</sup> This case is referred to in No. 11 of the "Intelligencer," p. 167.

thinks they were of twice their natural size, (Infiltration.) Had no treatment. The swelling ceased two months since. For six weeks she has had shooting pains in her body and limbs. Patient was *ausculted* at entrance; a loud *bruit de soufflet* was heard in the first sound, with extremely strong impulse of the heart.

Present state, July 15th.—Expression of dejection; no cephalalgia; complains of pain in her back; appetite bad; no thirst; no pain in the joints; no œdema; dyspnœa less than at entrance; pulse 102, very firm, regular, of moderate volume; no cough; respiration 24, easy; lies with her head *low*.

Heart.—Impulse strong, diffused; first sound slightly roughened and prolonged, second clear.

The heart's action raises the head of the auscultator, and moves the patient's clothes at each impulse; decided prominence of the præcordial region.

Percussion.—Dulness of præcordial region commences at the upper edge of the fourth rib; laterally, it extends from the right margin of sternum to the axilla, in extent six and a half inches. In the space of two inches square directly over the heart the percussion is perfectly flat.

Patient complains of palpitation at times.

*Prescription*.—Applicentur cucurbitulæ cruentæ, No. III., et cucurbitulæ siccæ No. IV. regioni cordis.

July 20th.—Patient's appearance is much improved; is now able to walk about the ward; appetite improved; complains only of palpitation, giddiness and debility; has been cupped once since last note on the region of the heart, and twice in the interscapular region, to relieve pain in her shoulders.

On the 28th complained of debility and palpitation, which symptoms became daily aggravated; for the last four days she lay with her head very high; could not lie down on account of oppression; rested much inclined to the left side; complained of no pain, except of some in her back.

On the 23d of August she died.

*Necropsy fifteen hours after death*.—Exterior: moderate emaciation, muscular, rather large frame; no œdema.

Thorax.—No adhesion of the two surfaces of the pleura; no effusion; externally the lungs presented a blue appearance, with some gray emphysematous patches. From the cut surface an abundant red serum issued, mixed with bubbles of air. Bronchial tubes pale. Tissue not very firm. No tubercles in either lung.

Pericardium.—Greatly distended with a lemon-coloured limpid serum, at least a pint in quantity.

Heart.—Large; about one half larger than the average. Left ventricle firm, and not collapsed; contained no coagulum. The circumference, measured around the body of the ventricles, ten and a half inches. On laying open the left ventricle its walls were found hypertrophied, nine tenths of an inch in thickness, exclusive of the columnæ carneæ. Tissue firm. The cavity of the ventricle about the usual size. The columnæ carneæ of this side were enlarged and firm; one of them nearly the size of the subject's thumb. The mitral valves were thickened in spots, but not so as to materially interfere with the flow of blood. The aortic valves were soft and flexible; a small vegetation was found near the centre of one of them. The aorta and the endocardium were rather pale. The walls of the ventricle were about one fifth of an inch in thickness. Its cavity seemed smaller than the average. The tricuspid valves presented two cartilaginous depositions, each about the size of a five cent piece. The pulmonary valves were soft and flexible; the circumference of the aorta near the valves measured two and three quarter inches.

Abdomen.—No effusion. The other viscera were not examined.

A. M. VEDDER.

## ART. IV.—ON THE TREATMENT OF NÆVI BY SETON.

BY T. B. CURLING, ESQ.<sup>1</sup>

Assistant Surgeon London Hospital, Surgeon to the London Dispensary, and Lecturer on Morbid Anatomy.

The treatment of nævus, like that of most diseases not clearly understood, has been very various; and the number of modes recommended for its removal affords the best evidence of the unsettled nature of the practice relating to it, if not of the imperfections of the means employed. A principal object in this paper is to call attention to the treatment by seton, a plan originally suggested and practised by Mr. Fawdington, and recommended a few years back by Mr. Macilwain, in a paper<sup>2</sup> detailing two cases of deep-seated nævus successfully treated in this way, which does not appear to be so frequently resorted to, and to have obtained that preference which, in my judgment, its merits and efficiency justly entitle it to. The following is an account of the first case in which I was induced to adopt this practice.

CASE III. *Subcutaneous Congenital Nævus occupying the lower part of the leg, and rapidly extending, treated successfully with Setons.*—August 10th, 1836, an infant was brought to the London Hospital within twenty-four hours after birth, with a nævus situated at the posterior and lower part of the right leg. It was in size somewhat larger than a shilling, and was soft, compressible, and of a slightly livid colour. I requested to see the child again in three days. The nævus had then increased to more than double its former size, and encircled full two thirds of the limb. Seven setons, each consisting of a double thread of silk, were passed by means of a straight sewing needle through the tumour in various places, in the direction of the axis of the leg. On the fourth day after the operation there was but slight inflammation, and the nævus was very little altered in appearance. On the seventh day there appeared to be sufficient inflammation at the outer part of the nævus, and I therefore withdrew one of the ligatures. The child did not appear to suffer in health. On the eleventh day the remainder were removed, when a few drops of pus escaped at the openings made by the needle. From that time the inflammation slowly subsided, suppuration ceased, and in about three weeks more the tumefaction was removed, and every trace of the nævus had completely disappeared.

The detail of many cases in which setons were employed is unnecessary, as they resemble each other in all points of practical importance. I shall therefore only relate one other case, in which, the nævus being of large size, great thickness, and at parts much consolidated, was one apparently ill adapted for any plan of treatment except excision.

CASE IV. *A Tumour below the Elbow, formed by a large Subcutaneous Nævus, cured with Setons.*—Mary Chipchace, a little girl about nine years of age, of a spare habit, was brought to me, February 10th, on account of a large subcutaneous nævus, situated over the ulna, just below the olecranon. It was about the size and thickness of half a large orange, and of so firm a texture that the nature of the tumour was only rendered apparent by a slight blue discoloration occupying part of the skin on its surface. Its bulk was very little reduced by pressure. An elder sister, who came with this patient, informed me that a mark had existed from birth, but that at first it was not larger than a fourpenny-piece. Within the last two or three years it had continued slowly, but uninterruptedly, to increase. It was tender on pressure, but was frequently rendered painful and became inflamed, from the effects of slight blows, to which, from its situation, it was constantly exposed.

February 14th.—I passed, through the base of the tumour, three long

<sup>1</sup> Lond. Med. Gaz., Aug. 25, 1838, p. 883.<sup>2</sup> Vide Medico-Chir. Trans., vol. xviii., p. 189.

needles, armed with two silk ligatures doubled, and having cut off the needles, left the ligatures to act as setons. The first needle employed was one of the largest-sized darning needles I could obtain. In consequence, however, of the consolidated state of part of the vascular tissue that it had to penetrate, I experienced very considerable difficulty in introducing it. For the two other setons, therefore, I used the ordinary three-edged needles for sewing up the dead body, which passed with great facility. No hemorrhage attended the operation.

17th.—I found that the seton had excited a good deal of inflammation. The tumour was evidently enlarged, the skin around it was red and hot, and the girl was feverish. I did not, however, remove the setons until the following day, when, being of opinion that sufficient inflammation was excited, they were withdrawn. On drawing out the middle one, a few drops of pus escaped. A poultice was applied, and on the next day I thought it prudent, as the inflammation did not appear to be subsiding, and was near the elbow-joint, to apply a few leeches to the arm, and to substitute an evaporating lotion for the poultice. There was likewise a good deal of constitutional disturbance. By appropriate treatment, however, all this subsided in the course of a few days. Suppuration occurred in the centre of the tumour, and, in order to secure a free exit for the matter, I slightly enlarged one of the openings made by the needle.

March 3d.—The size of the tumour was much diminished, and there was only a slight discharge from the interior. The child had lost all febrile symptoms, and was regaining her health. I ordered the sulphate of quinine, and, as the skin was excoriated, a lotion of the nitrate of silver to be applied. From this period the tumour continued slowly to decrease, the discharge ceased, and on the 20th of April the part was completely healed; scarcely any tumefaction, discoloration, or scar, remaining, to indicate either the previous existence of the morbid growth, or the curative efforts of the surgeon.

The introduction of a seton in the treatment of nævus operates by stirring up inflammation, which, being attended with the effusion of lymph, or pus, into the interior of the vessels, occasions the obliteration of the reticular tissue; and this, as the inflammation subsides, is followed by the gradual and slow absorption of the thickened parts. There are several other methods which act in the same way; but I believe that none of them, in an equal degree with the seton, combine the three important objects—certainty in their result, safety in their employment, and freedom from subsequent deformity. Excision is certain in its result, and is a sure and effectual mode of getting rid of the disease; but unless the growth be small it cannot be resorted to with impunity. The experience of Mr. Wardrop, of the dexterous French operator, Roux, and of others, furnishes fatal cases of hemorrhage from the operation; and when situated on an exposed part of the body, there is the additional objection that it is succeeded by a scar. Cutting off the circulation from the tumour by means of ligatures applied to its base, is likewise a very sure mode of destroying the nævus. It is, however, a most painful and irritating mode of treatment. I recollect well the case of a child with a large nævus on the side of the head, when I was attending as a pupil at the London Hospital, in which this practice was adopted, but so much constitutional disturbance was produced that the patient died in about a week; a result not very surprising, when we reflect that the ligature was applied to the sound and sensitive skin surrounding the nævus, which, from the size of the tumour, was necessarily a considerable circle. The ligature is also followed by the formation of a cicatrix, after the separation of the morbid growth. Tying the carotid artery, to arrest the growth of nævi about the face and head, has so frequently failed, that I conceive the operation is not likely to be soon repeated. In the first case in which Mr. Fawdington had recourse to the seton, the nævus was situated behind the angle of the jaw, and the carotid artery had been previously tied

without any satisfactory result. The injection of *nævi* with stimulating fluids, though a practice which, in the hands of its proposer, Mr. Lloyd, and of others, has been often successful, cannot be viewed as unattended with danger. An instance of sudden death under the operation has recently been recorded<sup>1</sup> by two surgeons in the country, whose honesty and candour in giving publicity to the case fully merit the thanks of the profession. The fluid injected was dilute liquor ammoniæ, two previous attempts with less stimulating fluids having failed. It might, perhaps, be questioned whether death was really caused by the action of the liquid injected, and the proof would be difficult. The case must, nevertheless, serve as a warning; and considering the free and ready communication between the plexuses of this tissue and large veins, and the rapidity with which poisons act upon their lining membrane, I cannot regard the forcible injection of a *nævus* with a highly stimulating fluid as altogether free from the risk of the injection reaching some of the larger vessels, and producing a suddenly fatal impression, or subsequently exciting dangerous inflammation of the internal coat. We should scarcely be satisfied in trusting to pressure made around the *nævus*, to prevent such serious consequences. That injection is uncertain in its result, and often requires to be repeated, is fully admitted. The application of escharotics, as the potassa fusa or strong nitric acid, is only adapted for slight superficial *nævi*, for which they are excellent remedies. Subcutaneous and large *nævi* require repeated applications in order to effect their destruction; and after the separation of the sloughs, granulation takes place, and the part is disfigured by a scar. Inoculation with the vaccine virus, and free acupuncture, are sufficiently mild in their effects, and free from danger; but they very often fail, and cannot be depended on in the treatment of a *nævus* rapidly extending. When the disease is stationary the milder methods are preferable, and therefore these plans may be fairly tried.

I have thus briefly reviewed the chief and more important of the various plans of treating this disease, in order to place in a clearer light the peculiar advantages of the seton in the treatment of growing *nævi*. In a tissue so little prone to take on diseased action, it is essential that the treatment adopted should be sufficiently decided to insure the excitement of inflammatory action, without, at the same time, endangering the life of the patient; and the success of the seton in effecting this object constitutes its chief merit. In case 3, it has been seen that the progress of a *nævus* increasing with remarkable rapidity, was at once arrested, and subsequently cured, by the introduction of seven setons. In case 4, an indolent and formidable tumour yielded to this plan, whereby a cutting operation was avoided, and the cure accomplished with scarcely any scar or deformity. In this instance more local inflammation and constitutional disturbance were produced than I have witnessed upon any other occasion, but the state of the tumour required pretty active inflammation for its obliteration. In infants I have been surprised at the slight irritation which the seton generally gives rise to. In order to excite a requisite degree of inflammation, Mr. Fawdington considers it sometimes necessary, in the course of the treatment, to moisten the silk with some irritating liquid, as a solution of the nitrate of silver or sulphate of copper. I have never had occasion to do this; and in large *nævi*, the chief point is to take care that a sufficient number of setons are passed. I believe that want of attention to this circumstance is the reason that this mode of treatment has sometimes failed in the hands of other surgeons. The needle should be introduced through the sound skin at the side of the *nævus*, and, after traversing the morbid growth, should be brought out through the sound skin at the opposite side. In some situations it may be inconvenient, or even impossible, to make use of a straight needle; in such cases the common curved needle may be employed. The operation

<sup>1</sup> Medical Gazette, vol. xxi. p. 529.

is never followed by any hemorrhage that cannot be instantly arrested by slight pressure. The time required for leaving the setons in, of course varies according to their effects; but I have seldom found it necessary to allow them to remain longer than a fortnight.<sup>1</sup>

The introduction of setons is also a proceeding well adapted for the cure of varicose veins of the leg, and is preferable to the various other operative methods which have been proposed. The unfortunate results which have in some instances attended the attempts to procure obliteration of the vena saphena major, have created a feeling unfavourable to operations in these cases: but whatever danger there may be in interfering with the venous trunk, the same does not attend operations on the smaller vessels; and the complete impunity with which we excise and tie diseased hemorrhoidal veins, and I may add, the reticular tissue in nævus, is sufficient to show the little risk incurred in operating on plexuses of varicose veins. After the removal of the setons the obliteration of the venous plexus will be facilitated by the application of pressure.

## BIBLIOGRAPHICAL NOTICES.

### *Beck's Medical Jurisprudence.*<sup>2</sup>

Need we add any thing to the merited encomiums that have been passed on this valuable work? It may be sufficient to remark that the estimable author has industriously added every thing of interest that has transpired since the publication of his former edition.

A book like this should be in the library of every practitioner, and no better work could be placed in the hands of the student. It is too much the practice to advise, that a student should accompany the teacher in the pages of a "Manual," but this we have always considered bad advice. To attempt to read after a lecturer is not only to overburthen the mind, but to fill it with conflicting views. The student is in this way taught to read rather than to reflect. The true course for him to pursue is to have by him the very best treatises he can meet with; to reflect on what he has been taught, and when at a loss to refer to them. This is the only course that can prove eminently profitable.

<sup>1</sup> The mode of curing nævi, practised by M. Lallemand, of Montpellier, is a combination of the seton and pressure. It consists in passing pins into the tumour in various directions, and connecting them with numerous twistings of waxed threads. They are left in a sufficient time to produce the inflammation required. In one instance of a large nævus over the scapula, one hundred and twenty pins were employed. He sometimes makes an incision into the tumour before introducing the pins, thus making the operation very nearly the same as that for hare-lip. This appears to be a very effectual plan of treating the disease, but I have not had occasion to resort to it.—*Vide Archives Générales de Médecine*, tom. viii. serie 2.

<sup>2</sup> Elements of Medical Jurisprudence. By Theodorick Romeyn Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the Western District of the state of New York, &c. &c., and John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, New York; one of the Physicians to the New York Hospital, &c. &c. 6th edit., 2 vols. 8vo, pp. 670 and 743. Philadelphia, 1838.

*Bell on Health and Beauty.*<sup>1</sup>

Dr. Bell's work is not intended for the medical profession, and therefore scarcely falls under our criticism.

Most of the inculcations appear to us good, and there are none that are objectionable. Much benefit would doubtless accrue were they carried into execution by those for whom they are specially intended; but we fear, like many other writers on such subjects, Dr. Bell must be satisfied with having acted for the best, whilst he has the mortification of finding that but few even read, and still fewer practise his precepts.

*Dr. Elliotson and Animal Magnetism.*—We regret to see that this gentleman, whose claims to distinction have been considerable, but who has always exhibited an unusual degree of credulity—mixed up, as it frequently is, with scepticism—in his composition, should have sunk so far in public estimation by permitting himself to be deluded by the representations of two young and artful females, who have been performing incredible acts under his superintendence. He had even attained the belief that he could magnetise certain metals, which, when thus endowed, were capable of producing astonishing results,—nickel being one of the most potent of the class, lead the least so.

Mr. Blake,<sup>2</sup> and our old astute friend Mr. W. Cooke,<sup>3</sup> Secretary to the Hunterian Society, attacked the fairness of Dr. E.'s experiments; but the *coup de grace* has been given by Mr. Wakley,<sup>4</sup> who has detected many of the impostures, and has shown that the lead had as much effect as the nickel, when care was taken to prevent the person from knowing which was presented to her.

*Dr. Harlan's Cabinet of Comparative Anatomy.*—We observe by a printed catalogue that Dr. Harlan's valuable cabinet of comparative anatomy is offered for sale. This collection, we learn, is the result of more than twenty years of zeal and application on the part of Dr. Harlan, and was collected with much judgment, for the express purpose of illustrating his lectures on comparative anatomy, physiology, zoology, and the physical history of man. All the objects mentioned in the catalogue, besides others accidentally omitted, we can say from observation, are in good preservation. The collection includes about seven hundred pieces.

Anticipations of a visit to Europe, and the want of suitable accommodations for the cabinet in such event, are the reasons that impel Dr. H. to offer it for sale.

*Acupuncture of Ganglions.*—Mr. Vowell has published a case in which acupuncture was successfully employed for the removal of a ganglion.

<sup>1</sup> Health and Beauty. An explanation of the laws of Growth and Exercise; through which a pleasing contour, symmetry of form, and graceful carriage of the body are acquired; and the common deformity of the spine and chest prevented. By John Bell, M. D., Lecturer on the Institutes of Medicine and Medical Jurisprudence, &c. 18mo, pp. 253. Philadelphia, 1838.

<sup>2</sup> Lond. Med. Gaz., July 14.

<sup>3</sup> Ibid, Aug. 25, 1838.

<sup>4</sup> Sept. 1, 1838.

A young lady, under his care, had been affected with a ganglion of a considerable size on the extensor tendons of the foot, which produced not only convulsive disfiguration but some uneasiness. Mr. Vowell applied blisters and afterwards the iodine ointment and pressure, for above a month, without benefit. He then inserted the *tambour porte aiguille* of his patient. Pressure was applied, and within a week the tumour had completely disappeared.<sup>1</sup>

*Immense Calculus successfully extracted by the Bilateral Operation.* By MR. HUGH FRASER, Surgeon, King's Royal Rifle Corps.—A case of this kind is detailed in a late number of the London Medical Gazette.<sup>2</sup> In shape and size, the calculus—which is figured in the journal—greatly resembled the egg of a turkey. Its weight was five and a quarter ounces, and if we add a quarter splintered off the smaller end, in the attempts at extraction, the whole weight was five and a half ounces, apothecaries' weight. The long circumference measured exactly seven inches; the short, six inches and three tenths.

The case was entirely successful.

*Temperature of Paralysed Limbs.*—The general fact that the temperature of the paralysed side in hemiplegia is less than that of the sound, is well known; yet the irregularity of nervous action is so great, and the power of resistance to excitant or depressing agents so much diminished, that occasionally the temperature is found to be more elevated.

In a case recently under our care in the Philadelphia Hospital, on four different occasions the temperatures were as follows:—

<i>Paralysed side (Right).</i>						<i>Sound side (Left).</i>			
						<i>Axilla. Hand.</i>		<i>Axilla. Hand.</i>	
1	.	.	.	.	.	96	93½	98	98
2	.	.	.	.	.	98½	86½	96	85
3	.	.	.	.	.	98	98	96	93½
4	.	.	.	.	.	98	88	98	93

Three of these observations were made by Dr. Barnes, Resident Physician to the Hospital.

*Cure of Perforation of the Veil of the Palate, effected, after several unsuccessful trials with staphyloraphy, by lateral incisions, without sutures.* By DR. ZEIS, of Dresden.<sup>3</sup>—A young girl, 19 years of age, had suffered for a year from inflammation and suppuration of the tonsils, when suddenly her palate became perforated by a malignant ulcer. As she persisted in denying that she had ever laboured under any syphilitic affection, and as no decisive symptom was perceptible, the antisiphilitic treatment was abandoned, as danger appeared imminent. Both amygdalæ, as well as the pillar of the veil of the left posterior palate, had then been destroyed for some time, without any difficulty in deglutition, or modification of speech resulting. Both, however, supervened, when an opening of the same size, produced by an ulcer, made its appearance on the median line of the arch of

<sup>1</sup> *Lancet*, Aug. 25, 1838, p. 770.

<sup>2</sup> August 11, 1838, p. 764.

<sup>3</sup> *Aus. V. Graefe's und Walther's Journal der Chir. U. Augenheilkunde.* Band xxv. Heft. 3.



the palate, at about an equal distance from the palate and uvula. M. Zeis had recourse to staphyloraphy three times with different modifications, but each time without success. He then made use of acupuncture, with the intention of keeping up traumatic inflammation for a length of time, which in fact appeared to him to be more advantageous than when obtained by chemical or dynamic irritants. During from four to six weeks he daily made upon the edges of the opening ten to twelve punctures, with a cataract needle, curved up straight, in order to cause a permanent inflammatory tumefaction; it became during this process so contracted, that a small pea was with some difficulty placed in it, and the speech had become less embarrassed. M. Zeis then made a lateral incision of half an inch in length on each side of the opening, by which means the edges of the perforation approached so as to touch, and the result was, that at the end of fourteen days, after the closure of the lateral incisions, the opening of the palate appeared nothing more than an infundibuliform fossa, at the bottom of which a small hole of the size of a pin's head could still be perceived. The same operation was repeated by M. Zeis, but only on the right side; the edges of the opening were in perfect apposition at the end of three weeks, and a complete cure was the result.

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*Spasmodic Retention of the Placenta.*—Dr. Loescher employed with much advantage, in some cases of spasmodic retention of the placenta, a decoction of poppy heads, which he injected into the vein of the umbilical cord; he recommends this proceeding as very efficacious.

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*Case of tardy Accouchment.* Observed by Dr. SCHENK, at Neiderauta, in Electoral Hesse.—A woman who had indicated with precision the term of her pregnancy three times, at her fourth accouchment was delivered twenty-three days after the natural period. The child, which was a boy, and living, weighed eleven and a half pounds; his fontanelles were almost entirely closed. During the accouchment an overlapping of the bones of the cranium was perceptible.<sup>1</sup>

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*Cure of Artificial Anus.*—The method adopted by the late Baron Dupuytren for the cure of artificial anus is well known to our readers, and is the one which is now almost universally employed by surgeons. In certain cases, however, especially where the septum (eperon) between the two ends of the intestine does not project much, a cure has been obtained by turning up a flap from the neighbouring parts, and uniting it over the surface of the wound. The following is an example of the perfect success of this simple method, in the hands of M. Blandin, to whom we are indebted for various other improvements in the art of autoplasty:—

A man, 52 years of age, had been for a great length of time afflicted with inguinal hernia, when he was suddenly seized, about three years ago, with all the symptoms of strangulation of the gut. The assistance of a surgeon was not demanded until a considerable time had elapsed, and after gangrene had set in; the medical attendant, therefore, merely employed such means as were best calculated to favour the separation of the dead parts, and the free discharge of the fecal matter. These means were attended with full success, and at the end of fifteen days the man recovered his health, with the exception of a large perforation in the right inguinal region, through which nearly the whole of the interior of the cæcum could be seen. He remained in this state for three years; occasionally a portion of the intestinal canal became everted through the opening, but the man was careful to restore it as soon as possible, and exercise compression over the part. By these means relief was generally obtained, but near the end of February

last, such a quantity of intestine escaped through the opening, that the unfortunate man was unable to return it; the surgeon who was called in was equally unfortunate. In this state the poor man came to Paris, and immediately sought relief at the Hôtel-Dieu. The following was the appearance of the parts on his reception into the hospital:—A tumour as large as a double fist, and lined with injected mucous membrane, occupied the whole of the right inguinal region; the vermicular motion of the intestines was manifest over its surface; at the inner and upper part was seen an opening of an elongated shape; a great quantity of liquid fæcal matter was discharged through this opening; no evacuation took place through the anus, and the patient was extremely reduced in flesh.

After careful and long-continued pressure for more than a quarter of an hour, the everted mass of intestine was returned to the cavity of the abdomen; this consisted of the ascending colon, the lower portion of the ileum, and a part of the cæcum. The opening in the abdominal parietes was now found to be nearly circular, and of a diameter of an inch and a quarter; a strong compress and bandage were applied to prevent a fresh escape of the intestine. This was attended with very considerable success; the fæces were no longer discharged through the abnormal opening, but although mechanical means were employed the size of the opening could not be sufficiently reduced to lead to the hope of a final cure. M. Blandin therefore determined on refreshing the edges of the wound, and uniting them by suture; this was done on two several occasions, but failed; a portion of integument was then dissected off from the neighbouring parts and laid over the artificial opening, but united along an exposed surface at a little distance from the edges.

On the fourth day the flap was found to be united all round the wound, except at the upper part. After the lapse of fifteen days this upper edge, and the corresponding border of the flap were again refreshed, and united by a few more points of suture: this was successful; the fissure united, and one or two minute openings readily closed on being touched with the nitrate of silver.—*Bul. de l'Acad. de Médecine.*<sup>1</sup>

*Indications of Tracheotomy.*—At the end of a memoir in the Archives Générales de Médecine, on the Indications of Tracheotomy, by M. Barth, we find the following conclusions:—

First.—The respiratory vesicular murmur may be either diminished, or entirely suppressed on both sides of the chest, by any lesion which is capable of reducing the calibre of the air passages, at their upper part, in a considerable degree. This arises either because the passage of the air into the bronchi is impeded, or because it arrives merely at the superficial portion of the lung.

The lesions alluded to may occupy different points of the larynx and trachea, but they are most commonly situate near the glottis. They act either by contracting or by blocking up the cavity of the air-tube. As examples, we may cite syphilitic vegetations; various sorts of tumour; tuberculous ulcerations with prominent edges, and accompanied by thickening of the submucous tissue; œdematous tumefaction of the amygdalæ. Under the same head we may also, with probability, range polypi of the nasal fossæ, which project into the pharynx; polypi of the trachea; foreign bodies in the air passages; and tumours compressing the trachea.

The knowledge of this fact is of great utility in the diagnosis and treatment of certain affections of the respiratory organs. Thus, as the existence of several of these affections cannot be determined by the sight or touch, they might be confounded with pulmonary emphysema; an error which might induce the medical attendant to abandon his patient to his fate, while

<sup>1</sup> *Lancet*, Sept. 1, 1836, p. 816.

a more accurate diagnosis would enable him to rescue him, by the performance of tracheotomy, from certain death.

On the other hand, the persistence or absence of the vesicular murmur enables us to distinguish spasmodic suffocation from that produced by œdema, or any other physical obstacle, and thus to avoid the unnecessary performance of a dangerous operation.

In cases where a foreign body has fallen into the air passages, the same fact permits us to determine its position in the trachea, or in either of the bronchial tubes, according as the respiratory murmur may be absent throughout the whole of the chest, or at one side only.

Finally, in cases of croup, the diminution of the respiratory murmur may perhaps enable us to determine whether the false membranes are confined to the larynx, or extend thence into the bronchi.

Second.—The degree of diminution of the respiratory murmur furnishes the measure of the obstacle. This also is an important fact towards determining the prognosis and treatment of affections of the respiratory system.

In some cases, which are in appearance very dangerous, as in those of angina, attended with false membrane, the more or less complete presence of the respiratory murmur will indicate the degree of danger to be trifling, while, on the contrary, its absence denotes that the chances of recovery are much diminished.<sup>1</sup>

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*Medical Dictionary.*—Messrs. Lea & Blanchard have in the press a second edition of Dr. Dunglison's Medical Dictionary, in one volume, octavo.

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### BOOKS RECEIVED.

*From the Author.*—An Essay on Scarlatina. By James Conquest Cross, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence in the Medical Department of Transylvania University. 8vo, pp. 48. Lexington, Ky., 1838. [A good paper.]

Annual Circular of the Washington Medical College of Baltimore, July, 1838. 8vo, pp. 16. Baltimore, 1838. [Containing a list of the students who have attended the school since its commencement.]

*From the Author.*—Elements of Medical Jurisprudence. By Theodorick Romeyn Beck, M. D. Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the Western District of the State of New York, &c. &c., and John B. Beck, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons, New York, one of the Physicians to the New York Hospital, &c. &c. 6th edit. 2 vols., 8vo, pp. 670 and 743. Philad., 1838.

*From the Author.*—On the Influence of Caloric on the Living Animal Body. By Robert Peter, M. D., Professor of Chemistry and Pharmacy in Transylvania University. 8vo, pp. 22.

[The clinical lectures of Dr. Graves, Dr. Peter will find, were published in the "American Medical Library."]

Circular of the Trustees and Faculty of the Albany Medical College. 8vo, pp. 34. Albany, 1838.

*From Mr. Waldie, the Publisher.*—Practical Surgery; with one hundred and twenty engravings on wood. By Robert Liston, Surgeon. With notes and illustrations by George W. Norris, M. D., one of the Surgeons to the Pennsylvania Hospital. 8vo, pp. 374. Philada., 1838.

<sup>1</sup> *Lancet*, Aug. 25, p. 783.

## AMERICAN MEDICAL INTELLIGENCER.

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## ART. I.—RESEARCHES ON CEREBRAL OTORRHOEA.

BY PROFESSOR ALBERT, OF BONN.<sup>1</sup>

Otorrhœal discharges arise either in the external or internal ear, or in parts foreign to that organ; in the last case, purulent collections in the skull consequent on caries, from suppuration of the brain or its membranes, may open for themselves a way through the external ear; then this organ not only forms a passage for the exit of pus, but becomes also changed into an ulcerated or purulent surface, and thus enters into communication with the substance of the brain. This communication is not very rare, especially if we reckon those cases in which the disease commences in the ear and extends to the brain. Notwithstanding the importance and frequency of this disease, which we shall designate *cerebral otorrhœa*, MM. Itard and Willemier<sup>2</sup> are the only authors who have studied the subject as it deserves. Before proceeding further in the researches on this disease, we will detail some cases<sup>3</sup> so as to simplify by autopsy the progress and phenomena of the affection.

According to the point from which suppuration proceeds we admit two forms of the disease, either the suppuration being propagated from the brain to the ear (primary cerebral otorrhœa), or from the ear to the brain (consecutive cerebral otorrhœa; there is also a third form, in which both organs are diseased, when it is impossible to point out with certainty which of the two was first affected.

*Primary Cerebral Otorrhœa.* CASE 1.—A man, ætat. 42, being chilled after exposure to the rays of the sun, complained of a fixed acute pain on the right side of the sagittal suture. The next day a high fever broke out, with chills, nausea, anxiety, insomnia, and then violent cephalalgia, eyes glistening and injected. On the 5th day phrenitis supervened, and in spite of every remedy which could be put in requisition the patient died on the ninth day. As an excessively fetid pus had been discharged from the mouth, nose, and right ear, for a short time previous to his death, Bailly, who observed this case, made the dissection. On raising the skull, a tumour of the size of a filbert was found filled with an excessively fetid pus. The dura mater and arachnoid were in a state of putrefaction. The subjacent cerebral substance itself was morbid and very fetid.<sup>4</sup>

The auditory organ does not appear to have been examined in this case.

CASE 2.—A mason, ætat. 41, was seriously wounded about eight years ago, on the right angle of the lower jaw, by a wall falling upon him; bruises and swelling followed. With the exception of hemicrania on the

<sup>1</sup> Gazette Médicale, No 21, Mai 26, 1838.

<sup>2</sup> Dissert. de Otorrhœa, Trajecti, 1836.

<sup>3</sup> As M. Willemier's thesis, from which the majority of these cases is extracted, is not for sale, we thought proper to give them in detail.—(Note of the French editor.)

<sup>4</sup> Lallemand. Recherches anatomico-pathologiques sur l'encéphale et ses dépendances. Lettre IV.

right side the patient was well. About three years ago, without any known cause, this pain became gradually more frequent, and so acute as to prevent rest either day or night; it occupied the forehead and occiput. Different remedies were unsuccessfully used by the various physicians whom he consulted. Now and then the pain was very great; the mouth turned to the right; incomplete paralysis of the upper eyelid, so that the eye was half open; delirium; subsequently deafness, with a sensation of hissing and roaring.

At his entrance into the hospital of Utrecht, M. Schroeder describes him as in the following condition:—

Conformation of the body delicate; leanness; face red; mouth evidently turned to the right; paralysis of the right side of the face; conjunctiva of the right eye, which was half open, very red and oedematous; pain on separating the eyelids; eye moveable, but slightly turned to the right, occasioning slight external strabismus; intellectual faculties enfeebled; stools normal; appetite good; and pulse strong. Deglutition rather difficult.

After some days the patient felt so well that he was anxious to resume his occupations; did not complain of any pain; but cephalalgia soon returned with fresh intensity. He uttered cries during the night, jerking back his head.

On the 11th of February he had an attack of apoplexy; on the recurrence of consciousness his speech was difficult, and deglutition constrained, with tottering gait; conjunctiva injected and cornea tumefied. February 21, had a fresh attack of a more violent character. The body had become stiff, and motion difficult.

March 2d.—Although debilitated he appeared to exercise his intellectual faculties better; he announced his approaching death, and wished to settle some affairs. He died in the night.

During the last days, the conjunctiva of the left eye was equally red and swollen. After death the right paralysed eye was open, the left closed. The treatment had consisted in the application of leeches and cauteries to the pained part.

*Autopsy.*—Dura mater strongly adherent to the right side and injected; arachnoid of the right hemisphere inflamed, posterior lobe of that hemisphere strongly adherent to the dura mater. The whole of the fossa of sylvius, as far as the edge of the cerebellum, was distinctly softened and mixed with pus. This pus was especially collected in a large quantity in a cavity situated at the lower part of this lobe, the extremities of which appeared almost entirely destroyed. The edges of this abscess were separated from the posterior and healthy part of the medulla by a sanguinolent, almost black, edge; there was also an effusion of purulent serosity under the arachnoid of all the base of the brain, which extended as far as the *crura cerebri*, to the pons varolii, and medulla oblongata; fourth ventricle and cerebellum sound; lateral ventricles filled with a large quantity of serum; dura mater anterior to the petrous bone almost cartilaginous, of more than two lines thick. The inflammation of the dura mater reached laterally as far as the sella turcica. The third pair of nerves were inflamed in a space of half an inch, and reddened to a considerable depth. The sixth, fourth, and fifth pairs, as well as the optic nerve, were sound. The part of the dura mater which is in contact with the petrous bone was sound, but slightly red towards the base; on opening the cavity of the tympanum, it was found completely filled with coagulable lymph. The ossicles of the ear very red, as well as the vestibule itself; the blood-vessels of this part, and those in the canal, were more distinct than ordinary. Nerves sound; not inflamed. The left ear was healthy, and the cavity of the tympanum filled with air. Facial nerve on both sides normal.<sup>1</sup>

If this case is not an example of the passage of suppuration from the brain

<sup>1</sup> Schroeder van der Kolk, in *Willemier, Diss. de Otorrhoea*, Traject. 1836, p. 59.

into the ear, it proves what is much less frequent, the propagation of cerebral inflammation to the internal parts of the ear.

CASE 3.—A man, aged 40, received a serious wound on the right cheek and arm, of which he was soon cured. Nine months after, he was seized with cephalalgia; delirium; face and eyes red; tongue parched in the middle, red and moist at the edges; skin not dry; pulse hard, but not very quick; abdomen hard, shrunk, not painful to the touch. Answers sometimes correctly. Pains in the right temple; lies on his left side; no pains in the integuments of the cranium; comatose and deaf.

On the twenty-first day a white puriform matter was vomited. The next day skin was dry and hot; pulse irregular; respiration laboured and accelerated; copious expectoration of a whitish matter, similar to that which was vomited; breath fetid; voice indistinct; chest sonorous; died at the expiration of a few hours.

*Autopsy.*—All the thoracic organs normal; caries of the superior surface of a part of the petrous portion of the temporal bone. All the petrous bone, as well as the meatus auditorius externus, destroyed. In the cerebellum was an abscess surrounded by a complete cyst.

CASE 4.—J. R. de M., ætat. 29, of Groningen, soldier, well made, of a lymphatico-sanguine temperament, had enjoyed good health until his twenty-third year, at which time he began to suffer from bilious attacks. The father died of phthisis; the other relations were healthy. Since the above period he had been well until March 1833, when, immediately after taking cold, he felt a hissing in his right ear, accompanied by a discharge of viscid matter.

In January 1834, he entered the hospital for pains of which he was soon relieved. He remained well till the month of June, when he had a fresh attack of his first complaint, accompanied with deafness of the right ear. After seven weeks' treatment the patient was entirely cured and returned to his regiment.

Another relapse, about October, with pain and swelling of the tongue and surrounding parts. A flattened abscess, formed chiefly at the helix; pains ceased.

November 27th.—The patient entered the hospital of Utrecht. The internal superficies of the concha of the right ear was filled with a flat abscess of a yellow colour and red edges, which discharged a grayish yellow pus, fetid and mixed with blood. The external auditory passage, which could not be examined on account of the swelling, was suppurating and excoriated, and the parts adjacent to the ear were red and tumefied. A yellowish, viscid pus, was discharged from a small abscess behind the ear; in examining which, neither the bone was found denuded, nor was there a fistulous orifice. On this side the hearing was entirely destroyed, and diminished on the opposite side. The patient complained of pain of varying intensity in the interior of the ear and in the head, particularly above the diseased part; then he was annoyed with a hissing and rolling sound; all the other functions were normal. There had been stupor to greater or less extent for some days.

December 1st.—A purulent discharge was observed to flow from the left ear, followed on the second by violent pains in the head and ears and by painful insomnia.

11th.—The side of the face was slightly red and the concha of the right ear painful to the touch; the purulent discharge acquired a better character.

12th.—Pains in the head insupportable. Respiration distressing, and pulse scarcely perceptible.

Night disturbed. Motions automatic; eyes half open; pulse slow, feeble, fluttering; moaning respiration; in a soporific state. Died about two o'clock.

*Autopsy, made twenty-four hours after death.*—After raising the cranium, the brain and its membranes on the external surface were found to be

normal. The lateral ventricles were filled with a large quantity of serosity. Near the pons varolii was a thin gray granulated matter, of a peculiar odour; thence a straight canal led into the cerebellum, the right lobe of which was partly changed into a soft, semi-liquid, greenish-black mass; in the middle of this mass was a cavity of the size of a filbert, which was partly filled with the same substance as that met with near the pons varolii. Upon the middle of the posterior part of the petrous bone the substance of the cerebellum was changed as far as the external superficies, where was a small cleft-like surface. In this mass, traces of the arbor vitæ could still be perceived; the sound part of the cerebellum was much injected. A similar disorganisation of the cerebral substance had taken place in the left lobe of the cerebellum, and was connected with that of the right lobe; but there it did not extend to the surface. In general, disorganisation was not so far advanced; the colour was grayish yellow, and of better consistence than on the opposite side. The dura mater, towards the posterior part of the petrous bone, was ulcerated and perforated at a point corresponding to the cleft in the cerebellum; at that part the arachnoid and pia mater were destroyed. Towards the middle of the posterior part of the petrous bone, a fissure of four lines long and half a line broad, corresponding to the orifice in the dura mater and cerebellum. The edges were not rough. This orifice was in connection with a cavity of the mastoid process. At the anterior part, an oblong opening was also seen which communicated with the meatus auditorius externus. The dura mater was normal at this spot. Neither pus nor purulent matter was found in any part, either in the bone or between the membranes. All the nerves were normal. The edge and anterior wall of the external meatus were completely destroyed by caries. The soft parts were thickened, softened, and covered with a puriform matter. The membrane of the tympanum, the soft parts of the internal ear, and the ossicles, had entirely disappeared. The pharynx and Eustachian tube were unchanged. The mucous membrane of the nose was red and turgid. Nothing abnormal in the other cavities. Testicles small and soft.<sup>1</sup>

CASE 5.—A boy, ætat. 9, affected during three years with violent otitis, accompanied now and then with severe pains, was admitted into the Hospital of Amdators.

M. Shroeder V. d. Kolk noted the following symptoms:—

Abscess behind the left ear; large ulceration in the same auditory meatus, with abundant discharge of an ichorous pus, denoting caries of the bones; hearing on this side appeared to be entirely destroyed; pains insupportable; face œdematous; mouth slightly turned to the right; commencement of paralysis of the left cheek. Pains in head and ears, occasionally very violent, and accompanied with slight fever. Other functions normal. The ulcer in the left ear spread slowly.

At the end of two months, without any perceptible cause, a fever broke out, with violent pains in the ulcer, and some days after the patient became comatose. A profuse hemorrhage took place from the ear, but without affording any relief. The feet were contracted so as to stretch all the flexors. Complete paralysis of left cheek. Aperient means, cold fomentations, leeches, and the hemorrhage from the ear, only enfeebled the patient, who died four days after, comatose.

*Autopsy.*—Abdominal and thoracic organs normal, except an adhesion of the lungs with the pleura costalis. The meatus auditorius externus destroyed, and the petrous bone, as far as its base. The temporal bone was carious so far that no external meatus remained, and the internal was partly destroyed. Some filaments of the auditory nerves still remained. The trunk of the facial nerve was indurated, similar to cartilage, and terminated near to the aqueduct of Fallopius, in an ulcerated edge; it was surrounded by a cartilaginous substance, formed by the induration of the cellular tissue, so that no communication existed with the branches of the nerves of the face.

<sup>1</sup> Willemier. De Otorrhœa, &c., p. 23.

Distinct traces of inflammation, with suppuration of the arachnoid, extending to the base of the brain. The inferior part of the posterior lobe was adherent to the dura mater, and contained a cavity filled with an ichorous pus, the edges of which were dark and gangrenous, and scarcely two inches in diameter. The arachnoid surrounding the crura cerebri, pons varolii, and medulla oblongata, was much thickened and turgid with a yellowish and purulent serosity.

(To be concluded in our next.)

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

*Summary of Cases treated in Men's Medical Ward, No. 3, and in Women's Medical Ward, No. 3, of the Philadelphia Hospital (Blockley), from July 24th, 1838, to September 4th, 1838. Reported by EDWIN A. ANDERSON, A. M., M. D., of Wilmington, N. C.*

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Phthisis Pulmonalis . . . . .	5				1	4
Disease of Heart and General Dropsy . . .	1				1	
Hemiplegia and Softening of Brain . . .	1				1	
Cerebritis and Partial Paralysis . . . .	1		1			1
Subacute Meningitis . . . . .	1	1		1		
Intermittent Fever . . . . .	3	2		2		1
Cholera Spasmodica . . . . .	1	1		1		
Dysentery . . . . .	10	7		7	2	1
Syphilitic Rheumatism and Nodes . . . .	1		1	1		
Chronic Rheumatism . . . . .	1					1
Total . . . . .	25	11	2	12	5	8

*Disease of Heart and General Dropsy.*—George Howe, aged 65 years; a man of broken down and intemperate habits. This case was complicated with mania à potu. Patient came in cold, comatose, stupid; no reaction ensued. Died two days after entrance.

*Hemiplegia and Softening of the Brain.*—This case, with the necroscopy, was reported in the "Intelligencer" of Sept. 15, page 183.

*Cerebritis and Partial Paralysis.*—Robert Vanhorne, aged 24. The early history of the case was reported in the number of August 15th. Robert an now walk, with a cane, down stairs, about the hospital yard, and around the wards; he is much improved. His treatment has consisted in saline cathartics as revellents; a seton to the nape of the neck; two moxas each alternate day to the lower part of spine; and strychnine, gr.  $\frac{1}{2}$ , four times a day.

*Subacute Meningitis.*—James Cassidey, aged 28. A mild case; treated with epithems of iced water to the head, cups to the nape of the neck, leeches occasionally to margin of the anus, and saline cathartics. Discharged cured.

*Dysentery.*—During the month of August, this disease was epidemic in the Alms-House, attacking many of the worn out and broken down inmates. The type was mostly typhoid, attended, in the fatal cases, with great prostration, and sloughing or gangrene of the mucous coat of the intestines.

The general treatment consisted in cupping with and without the scarifier over the abdomen; revulsion by means of blisters or sinapisms over the same region; warm cataplasms were kept applied over the abdomen; and small doses of mercurials and opium were administered—in the severe



cases to such an extent as to affect the mouth. The canal was kept clear in the milder cases by the oleum ricini, and one of the successful cases was treated altogether by the exhibition of a teaspoonful of the cathartic daily or every other day. Injections of starch and laudanum, and of infusion of ipecacuanha and laudanum, were likewise employed.

The acetate of lead and opium was freely administered in some of the cases; and to one a grain of tannin was given every hour.

The only fatal cases were the following; the prognosis of which, formed at the first visit, was highly unfavourable:—

1.—James McIntyre, aged 50. This patient's stools amounted frequently to twenty in the hour; they were dark, fetid, and often bloody. Upon his first admission into the ward, the disease had made such fearful progress that it was found impossible to check it.

He soon, too, became wayward, and refused all food and medicine. For the latter part of his life coma supervened. The necroscopy showed sphacelus and gangrene of greater part of the large intestine.

2.—Michael Dwyer, aged 24; admitted July 31st, 1838. Has been for the last year an inmate of the hospital; labouring first under primary syphilis, succeeded by secondary symptoms, and syphilitic iritis. With a constitution shattered and broken down by the venereal disease, many traces of which still remained on his person, he easily became subject to the dysentery which prevailed through the house. Was attacked while in the eye ward, under treatment for iritis, with dysenteric symptoms, and transferred to the medical ward on the sixth day following his first attack.

Present state.—Thin slimy stools every ten minutes, both during the night and day, bloody, fetid; constant tenesmus; abdomen very tender upon pressure; constant vomiting; great thirst; heat of skin, succeeded by cold chills; tongue coated, dry in the middle; papillæ distinctly separated, owing to the dryness; pulse 130, very small, easily compressed.

He was ordered to be cupped—one cup with the scarificator and six dry, over the abdomen; and after the removal of the cups, a rag, spread with the unguentum hydrargyri mitius, was directed to be applied over the wounds made by the scarificator. The following pills were also prescribed:

R. Hydrargyri chloridi mitis, grs. iv.; pulv. opii, gr. 4; fiat pilula quatuor horæ sumenda.

August 1st.—Seventy-five stools in twenty-four hours. Constant tenesmus. Vomited four or five times in the night of the 31st of July. Tongue coated with a dark brown fur in the centre, red at the tip and edges; abdomen very painful, even upon slight pressure; skin dry, rather harsh to the feel; countenance languid, anxious, expressive of pain and despondency of mind—decubitus dorsal; pulse 96, soft; stools very bloody. Continue, every two hours, the former pill; and give, every alternate hour, the following:—

R. Plumbi acetatis, gr. i.; pulv. opii, gr. ss. m. et fiat pilula. Applicetur cataplasma humuli epigastrio.

August 2d.—Twenty-two stools in twenty-four hours; thin, slimy, streaked with blood. Nausea in the night of the 1st, but not followed by vomiting. Slight tenesmus; tongue as before; abdomen less painful on pressure; skin moist, cool, soft; countenance exhibits more languor and depression of mind; decubitus dorsal, but he occasionally turns on his side; pulse 113, soft, very weak, easily extinguished by pressure; complains of very great weakness and prostration; complete anorexia; refuses all food.

Treatment.—Suspend the pills of mild chloride and opium, on account of incipient ptialism. Continue the prescription of August 1st.

August 3d.—Twenty stools in twenty-four hours, attended with slight pain, but still bloody; severe tenesmus; constant vomiting; tongue not furred, nearly natural; skin rather cool, but not harsh to the feel; pain in abdomen upon pressure somewhat diminished; answers questions put to him slowly and with difficulty; intellect very obtuse; pulse 110, soft, small, entirely extinguished upon slight pressure. Continuentur pilulæ omni horâ et applicatio cataplasmatum humuli epigastrio.

August 4th.—Stools very frequent since visit of 3d ; so numerous as not to be counted—thin, excessively fetid, and bloody ; severe pain and tenesmus on defecation ; tongue as before ; pain in abdomen on pressure diminished ; thirst excessive ; pulse 110. *Continuentur pilulæ ut antea ; et applicetur emplastrum cantharidis epigastrio.*

R. Mucilag. sem. lini, 3 iv. ; tincturæ opii guttas 50. *Pro enemate statim injiciendo.*

August 5th.—On the evening of the 4th, the pills of acetate of lead and opium were discontinued, on account of their instant rejection from the stomach ; and in their place he was ordered to take twelve drops of the tinctura opii every hour.

Present state.—Constant tenesmus, followed by slight discharges, every ten minutes ; stools slimy but free from blood ; no vomiting ; refuses all medicine ; great prostration ; countenance hippocratic ; excessive weakness ; intelligence dull, answers slowly and with difficulty ; voice reduced to a mere whisper ; pulse 130, small, feeble, undulating under the finger, extinguished even upon the least pressure. He was ordered to take four ounces of wine in a pint of milk at intervals.

August 6th.—Patient now lies in a low muttering delirium ; does not answer when spoken to ; refuses food, wine, and medicine ; decubitus dorsal ; slides down to the foot of the bed ; stools thin, slimy, bloody, involuntary.

Died at 8 o'clock, A. M., of the same day.

*Necroscopy ten hours after death.*—The *Small Intestines* contained a small quantity of viscid, light green fæces. Mesentery minutely injected. Upper portion of small intestines pale, lower down tinged with bile. Mucous membrane of good consistence. The lower portion of the small intestines, a foot in extent, presented a space where the mucous membrane was of a dark colour, ecchymosed, and highly injected. Membrane pulpy, almost gangrenous.

*Large Intestines.*—Mucous membrane of a dark slate colour, sphacelated, pulpy ; only a very small portion of the mucous membrane remained, which was of a dark green colour. Muscular coat bare, intensely injected. Lower portion of mucous membrane entirely removed for the space of a foot. Intestine gangrenous.

The *Stomach* contained a few ounces of a thin green fluid. The mucous membrane was soft, pale, and of good consistence.

*Syphilitic Rheumatism and Nodes.*—James Deveny, aged 25. Treated with epispastics to nodes ; compound decoction of sarsaparilla, chloride of mercury, and subsequently the hydrarg. proto-iodidum (gr.  $\frac{1}{2}$ , four times daily, in half an ounce of syrup). He left the hospital very much relieved, at his own urgent request ; intending to continue the same treatment, formulæ for which were furnished him.

*Women's Medical Ward, No. 3.*

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Bronchitis and Phthisis . . . . .	1		1	1		
Bronchitis . . . . .	2	1	1	1		1
Intermittent Fever . . . . .	1					1
Dysentery . . . . .	1	1		1		
Neuralgia . . . . .	1					1
Mania à Potu, (third stage) . . . . .	1				1	
Total . . . . .	7	2	2	3	1	3

## ART. III.—CASE OF INTESTINAL ENTOZOA. [?]

BY H. B. DICKERSON, M. D.

Appling, Jeff. Co., N. Y., Oct. 4th, 1838.

*Professor Dunglison.*

Dear Sir,—I take the liberty of asking your opinion of the following remarkable case which has recently come under my observation. The case presenting nothing peculiar at its commencement, I took no notes, consequently shall have to state it from recollection.

P. W., a labourer, aged about 22 years, of good constitution and regular habits, called upon me, about the first of July last, for advice. In obtaining the history of his case, I learned that about two years previous, while engaged in bathing in a mill-pond, he came near being drowned; being taken out of the water in a state of insensibility. From that period he dates his ill health, having been previously strong and healthy. Soon after that, he began to have what he calls a bad feeling, or a sense of fulness or gnawing at his stomach, which he has experienced in a greater or less degree ever since. Up to about the first of May last, he took no medicine, except occasionally an emetic, with a view to cleanse the stomach, but found little or no relief. He was able to do but little labour; appetite various, and bowels regular. From the first of May, up to the time I saw him, he had been under a variety of treatment.

I first saw him with a pulse not much affected, respiration healthy, tongue covered with a whitish coat, pain and tenderness on pressure upon the epigastrium, an obtuse pain in the right hypochondriac region, darting into the shoulder of the same side, appetite depraved, bowels torpid, a sense of "faintness and all gone at the stomach," as he expressed it. I directed him to take the blue pill, tart. emet. ointment to be rubbed over the hypo. and epigastric regions; occasionally an aperient: high diet.

About a week or ten days subsequently, he noticed something peculiar in his stools, which he called "skin." I considered it morbid secretion from the mucous membrane; and continued the pills and counter-irritation.

At the end of three or four weeks, he expressed a belief that he had worms, as he had frequently noticed decayed portions or skins of them in his stools, and wished for medicine to dislodge them. I accordingly gave him pink root, cowage, calomel, and senna, which produced copious evacuations, but brought no worms. Continue the course as before directed.

At length the patient's curiosity became more excited, and he wished to direct my attention more particularly to the appearance in the dejections, which I partially examined, and gave it as my opinion, that the substance which he had so frequently noticed, and which I called morbid secretion from the mucous membrane, was detached portions of a tape-worm. He was directed full doses of turpentine, followed with calomel.

Not succeeding in its expulsion, I then gave him Dr. Schmidt's famous remedy for the tænia, which expelled none of the tape-worm nor detached portions.

The patient was then anxious to resume the use of the blue pill, as he had noticed, when taking them, that he had more of the substance pass in the movement of the bowels, procured by that medicine, than when under the operation of purgative ones, as he then seldom saw any.

Not succeeding in the expulsion of the worm as I expected, I was induced to examine this substance more particularly, when I discovered it presented an appearance unlike the tape-worm, as the articulations or joints were wanting. Some of the pieces when washed, presented two smooth and continuous surfaces; edges not well defined, but ragged and irregular, from one to four inches in length, about half an inch in width, at times much broader, and one or two lines in thickness. It sometimes has the appearance of being in a decayed state; being from the consistency of pulp, up to a texture so firm that I am unable to break or tear it asunder, as are some of

the specimens I send you for inspection. On making a manual examination of the abdominal region, I could discover nothing unusual, or aside from health, excepting a slight tenderness upon pressure over the epigastrium; pain in the right side abated; complains of a heat in the stomach and bowels, which he has generally, yet no soreness or tenderness below the epigastric region, and that but slight; never inclined to diarrhœa; breath fetid; sleep disturbed; appetite various; can take hearty food for several days in succession, with no other inconvenience excepting an increase of the heat of the stomach and bowels; is considerably emaciated, yet is able to ride and walk about.

The patient is tenacious in belief that he has a living animal in his bowels, as he frequently feels a crawling sensation in his stomach and bowels, amounting to great uneasiness at times, which he has experienced more or less since having taken Dr. Schmidt's remedy, as "that was the first time," as he remarked, "the fellow was routed."

*Quere.*—Can this be the production of any morbid growth, or can the patient have taken the ova or germ of some animal while in the water at the time of bathing as above stated?

Respectfully,  
H. S. DICKERSON, M. D.

[The specimens, we regret to say, have not reached us. They are probably lost. We publish, therefore, the case, without being able to add any thing to the statement of our correspondent.—*Ed.*]

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## BIBLIOGRAPHICAL NOTICES.

### *Dr. Hosack's Lectures, by Dr. Ducachet.<sup>1</sup>*

The first impression on the minds of those who are unacquainted with the facts of the case may be one of surprise, that the lectures of Dr. Hosack should be edited by a member of a sister profession. That surprise will cease when it is understood that the reverend editor was the private pupil and personal friend of Dr. Hosack, and that after having practised the profession of medicine successfully for a time, he abandoned it for the more holy one to which he is now attached. Between Dr. Hosack and himself, an uninterrupted friendship existed; and at the death of the former, all his papers were, agreeably to his will, delivered into the hands of Dr. Ducachet.

To the friends and pupils of Dr. Hosack the volume before us will be a valued treat. It will remind them of days long past, when they were accustomed to listen to the precepts of a revered instructor; and the medical profession in general will be pleased to become acquainted with the views and manner of teaching of one who was not a little distinguished as a teacher and as a physician.

They must not expect, however, to meet, in the work before us, with those

<sup>1</sup> Lectures on the Theory and Practice of Physic, delivered in the College of Physicians and Surgeons of the University of the State of New York. By the late David Hosack, M. D., L. L. D., F. R. S., Professor of the Theory and Practice, &c., and of Clinical Medicine in that institution. With an introductory lecture by Nathaniel Chapman, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. Edited by his friend and former pupil, Henry W. Ducachet, Rector of St. Stephen's Church. Philadelphia. 8vo, pp. 700.

interesting pathological observations and reflections which have been made by the more recent investigators. The subject of physical diagnosis, too, appears not to have engaged the attention of the author at the period the lectures were penned; it was, indeed, at that time comparatively in its infancy.

The lectures are written in an agreeable lively style, and we need scarcely say, convey much interesting and useful information. The present volume contains only the lectures on fevers and the phlegmasiæ, "which made the principal part of Dr. Hosack's course." "Whether," says the editor, "the remainder will hereafter be published, must depend upon circumstances which cannot at present be foreseen or controlled."

To the volume a brief introductory letter from Prof. Chapman is prefixed, in which he engages to spare no effort to promote its distribution; and states his intention especially "to recommend it to the attention of his class."

#### *Dr. Hayward's Report of the Massachusetts General Hospital.<sup>1</sup>*

The name and reputation of Dr. Hayward, as a zealous and skilful surgical pathologist and successful operator, is familiar to many of the readers of this journal. The report before us comprises the whole of the surgical experience of the Massachusetts Hospital during the period specified in the title, the surgical department having altogether devolved on Dr. Hayward during the absence of Dr. J. C. Warren in Europe. We cannot, perhaps, do better than extract from the report some of the practical remarks of Dr. Hayward in his own words.

"*Erysipelas*.—It is well known that great diversity of opinion has existed, and still continues to exist, as to the *treatment* of erysipelas. Two very opposite courses have been adopted, and the advocates of each have claimed a great degree of success for their method. One of these consists in administering tonics, particularly cinchona, in some of its forms, from the very beginning of the attack; and the other in depletion, treating it as a purely inflammatory affection. It is very questionable whether either of these methods is adapted to a majority of cases. There are but few patients, as far as I have seen, that will be benefited by bark through all the stages of erysipelas; and, on the other hand, though depletion is unquestionably highly useful to some at the onset, there are not many who will not derive advantage from tonics before the termination of the disease. In fact, they may be given with advantage earlier, and to a greater extent, than in almost any other complaint. This is particularly true of the class of subjects that are met with in hospital practice, persons for the most part whose constitutions are impaired or broken down by previous disease or excess.

"The sulphate of quinine is perhaps the best preparation, and the quantity given should not be less than half a dram in twenty-four hours; in fact, patients are often benefited by a much larger quantity.

"When blood-letting is required, topical bleeding is all that I have been in the habit of using, and this I believe is all that is required. I have not resorted to incisions, though they were much recommended at one time, because it is difficult to limit the quantity of blood taken in this way, and because fatal effects have sometimes resulted from them. Punctures made with a lancet in the inflamed part are equally efficacious, and perfectly safe.

<sup>1</sup> Report of the Surgical Cases and Operations that have occurred in the Massachusetts General Hospital, from May 12, 1837, to May 12, 1838. By Geo. Hayward M. D., Surgeon to the Hospital. (Communicated for the Boston Medical and Surgical Journal.) 8vo, pp. 26.

but there is no objection, that I am aware of, to the application of leeches, and these I employ to a great extent, and apparently in many cases with very great benefit. They should be applied on the sound skin, and it is very unusual for the inflammation to extend beyond the part on which they have been applied. This is certainly remarkable, as leeches are supposed occasionally to produce erysipelatous inflammation, especially when applied about the face.

"Local bleeding is the only topical remedy that I regard as of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed by some in mercurial ointment, the nitrate of silver, diluted alcohol, lead water and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power of arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient.

"The efficacy of local applications in erysipelas has probably been very much overrated. No one places any reliance on them in measles or small-pox, because they are constitutional diseases; and does not the same reason apply with equal force to erysipelas? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only.

"In severe cases, the disease is usually preceded by a chill, with intense pain in the head and back, and this is followed by great heat. These symptoms, for the most part, occur before any change takes place in the appearance of the skin.

"An active emetic, followed by a purgative, and this succeeded by some mild diaphoretic, as the liquid acetate of ammonia, seem to be the only general remedies that are called for in the first few days of the disease. At a very early period, however, quinine and other tonics, with a generous diet, can be given to advantage, especially to patients of feeble habits of body. Under this course I have often seen the pulse become stronger and less frequent, and the mind lose the wildness which is very apt to attend erysipelas, especially when it attacks the head and face.

"A liquid diet, of the mildest possible kind, I believe to be best in the early stages; but if the disease assume a severe form, generous and even stimulating food will be found requisite. Wine, wine whey, wine and water, and malt liquors, are often useful, and in the low forms of the disease, especially in patients with feeble and shattered constitutions, I am confident that I have prescribed alcohol with advantage.

4. "*Fracture of the Lower Jaw.*—My purpose in noticing these accidents, is to speak of a simple mode of treatment, which is applicable to many cases, and which I have frequently found very efficacious. When the bone is not comminuted, and there are teeth on each side of the fracture, the ends of the bone can be kept in exact apposition by passing a silver wire or strong thread around these teeth, and tying it tightly. In several cases of fracture of the jaw, in which the bone was broken in one place only, I have, in the course of the last few years, adopted this practice with entire success, and without the aid of any other means. It will be found very useful, also, as an auxiliary, in more severe cases, in which it may be required to use splints and bandages, or to insert a piece of cork between the jaws as recommended by Delpech. It requires some mechanical dexterity to apply the thread neatly; but in large cities we can avail ourselves of the skill of dentists for this purpose, and I have in this way been frequently indebted to the ingenuity of my friend, Dr. Solomon Keep.

"*Fractures of the Thigh.*—When this accident occurs below the middle of the bone, it is usually treated at the hospital by extension, and counter-extension. The apparatus used for this purpose is a modification of Desault's, the modification consisting principally in the adaptation of a screw to the cross-piece which connects the splints together at the bottom, and to this screw is attached the band or sock which passes around the

ankle. By this means the extension is made more in the direction of the axis of the bone, than by the original machine, and the fractured surfaces are consequently brought more in contact.

"The objections that are often made to this apparatus, I have not found to hold good to any extent in practice. It rarely produces much irritation in the perineum; I have never seen ulceration there but once from this cause, and this was in a patient of a peculiarly irritable habit. It is more apt to give trouble about the ankle, on which the extending band is applied, and I have seen the heel ulcerate and slough in a few cases. These ulcers are exceedingly obstinate. Something, no doubt, may be done to prevent them by careful attention, but they will occasionally occur, even when the utmost vigilance is employed.

"Another inconvenience which sometimes follows the use of this apparatus, is the stiffness of the knee. I have never known this, however, to be permanent; but it often continues several weeks, and is in some instances quite troublesome.

"Notwithstanding these objections, I prefer this apparatus to any other that I have ever used for treatment of fractures of the shaft of the thigh bone, below the middle. Fractures of the condyles of course require a different mode. In the great majority of those cases which I have seen treated in this way, there was but little if any shortening, deformity, or lameness, and the patients hardly suffered at all while under treatment.

"I am aware that writers urge many other objections to this apparatus, but I feel confident that most of these are theoretical, and are advanced by those who have never given it a trial, or have used it perhaps in cases where the fracture is high up, and in which I have no doubt that other means will be found more useful.

"Mr. Amesbury's apparatus for fractures in the lower half of the thigh bone, I have never employed, merely because the one I was accustomed to, answered the purpose so well.

"It must be admitted, however, that in fractures of the upper third of the thigh, the modified apparatus of Desault does not do so well as when the bone is broken lower down. This is especially true in fractures of the neck of the bone, either within or exterior to the capsular ligament. Some have supposed that when the fracture is entirely within the ligament, bony union never takes place, whatever treatment may be adopted. But this is not correct, for there are well authenticated cases to the contrary. It is no doubt difficult to effect bony union in this accident, because the head of the bone, when thus detached, is nourished only by the vessels of the round ligament, and because it is not easy to keep the fractured surfaces in contact and the parts completely at rest. But even ligamentary union will be much more complete if these circumstances are attended to, than if they are neglected; for if the parts are not kept together, the ligament will be much longer than it otherwise would be, and the limb consequently less useful.

"When the fracture is high up, there are of course more muscles inserted into the lower fragment, and consequently there is greater danger of displacement than when the fracture is lower down, and it is also more difficult to confine the pelvic portion of the thigh bone. Something more than mere extension and counter-extension is frequently necessary to bring the fractured surfaces in apposition under these circumstances; and it is very important that steady pressure should be made so as to keep them in close contact. Every one, who is at all familiar with the treatment of fractures, knows how great a power pressure exerts in bringing about a bony union.

"Now Desault's apparatus is not calculated to make this pressure, and some have thought that in fractures of the neck of the thigh bone, the inner splint is apt to separate the fragments by pushing the lower portion outward.

"There are other indications which are not perfectly answered by this machine, when the fracture is high up. But it is unnecessary to speak of

these, as it is not my object to make a treatise on the subject, but merely to notice an apparatus which I think accomplishes the intention of the surgeon more completely than any other that I have ever seen. This is Mr. Amesbury's fracture-bed. I shall not attempt to describe it, as no description would be intelligible without drawings, and its construction is so simple that it would be readily understood by any one who wished to use it. It is adapted to all fractures of the thigh, occurring in the upper third of the bone, requiring slight modification in each case, and so constructed that the part on which the thigh is to rest can be made longer or shorter, as may be necessary to adapt it to the size of the patient. During the last year I have used it several times; in one case of a fracture of the neck of the bone within the capsular ligament, and in another of the neck exterior to it. Both of these did well. There was scarcely any lameness or shortening of the limb, and the patients suffered but little while under treatment.

"There was recently a patient in the hospital with a fracture just below the great trochanter, who used this fracture-bed. He was placed upon it immediately after the accident, and kept there five weeks, and was perfectly comfortable during the whole time. He has recovered the entire use of his limb, without any perceptible lameness or shortening.

"*Gonorrhœa*.—For several years past I have laid aside entirely injections in the treatment of gonorrhœa, and have substituted for them balsam copaiva, or cubebs, or both, according to circumstances. I have rarely found copaiva alone sufficient for the management of the disease. It very frequently produces an annoying cutaneous eruption before it has effected the purpose for which it is given, and we are obliged to lay it aside. Cubebs has been more often successful in my hands. This I give in doses varying from a scruple to a dram, three times a day, in powder. It may be given at the beginning of the disease, and instead of increasing the ardor urinæ, it usually lessens it.

"When cubebs alone does not succeed, I have frequently found a combination of it with copaiva very useful. I have rarely known the following preparation to fail in removing the disease. *R. Pulv. gum. accaciæ, pulv. cubeb, balsam. copaib. aa ʒii.; aqua cinnamon. ʒxvi. M.* From half an ounce to two ounces of this mixture should be given twice a day, and it should be administered as soon as the complaint is discovered. The only objection to it that I am aware of is, that it is so extremely nauseous that many persons find it difficult to take.

"It is a common notion that strictures in the urethra, which are so frequent after gonorrhœa, are produced by the injections that have been used. And this, no doubt, is oftentimes the case. But I have more than once met with a stricture consequent on gonorrhœa, where no injection had been used, the complaint having been removed by internal remedies. Whether these were cases of uncommon severity, I cannot say, as they did not occur in my own practice. It is probable, however, that they were, and that the stricture was the result of the effusion of fibrin, which it is well known sometimes takes place when the mucous membranes are highly inflamed."

Dr. Hayward then details four cases of inflammation of the hernial sac.

"They were new to me," he observes, "and I am inclined to think they will be so to most of my readers, as I can find no description of precisely similar ones in any work which I have consulted.<sup>1</sup> I regard them all as

<sup>1</sup> The following case, in Mr. Mayo's excellent work, "*Outlines of Human Pathology*," has a strong resemblance to them.

"A patient (a recent case in the Middlesex Hospital) had all the symptoms of strangulated hernia; there was a small tumour, feeling like an omental hernia, at the crural arch. The patient had a swollen and tender belly, and stercoraceous vomiting. Repeated attempts had been made to reduce the rupture, which the patient said was considerably larger before these attempts had been made. The bowels had acted twice with enemata. I did not attempt to return the tumour, but operated immediately,



inflammation of the hernial sac, having many common features of resemblance, and differing from each other only as they were in different stages of inflammation. In one of them the sac was gangrenous; in the second, fibrin was effused in abundance, but no pus formed; in the third, suppuration took place; and in the fourth, the inflammation was so much reduced that it no doubt terminated by resolution."

The whole report merits the attention of the surgeon.

*Auscultation; its Advocates and Detractors.*—We extract—says the editor of the *Lancet*<sup>1</sup>—from the last number of the *Dublin Journal of Medical Sciences*, the following judicious observations by Drs. Stokes and Graves, on the use and abuse of the stethoscope. The chastisement which Dr. Clutterbuck has received from such competent authorities, will, it is to be hoped, prevent him in future from delivering opinions upon subjects with which it is manifest that he is totally unacquainted:—

In the *Medical Gazette*, for July 28th, 1838, we have a lecture of Dr. Clutterbuck's on the treatment of periodical asthma, and on blood-letting in the specific inflammations of the chest. In this lecture, the following irritable effusion appears:—

"I may take this opportunity of adverting to the method of investigating diseases of the thorax by auscultation; that is, by listening attentively to the sounds emitted during respiration; and also by sounding the cavity, by tapping with the ends of the fingers on different parts of the chest. This mode of examination has always been resorted to more or less by physicians; though, from the employment of a load of new terms, invented chiefly by our ingenious neighbours, the French, and introduced by some of our own practitioners who have enjoyed the advantages of the Parisian schools, one would be led to suppose that a new region of science had been discovered, not inferior to mesmerism or homœopathy. As a specimen of the new language introduced on the occasion I may enumerate the following, indicating, it is supposed, as many various conditions of the organs in question. Thus, in the compass of a few pages, you will meet with the following:—'Pectoriloquy, perfect and imperfect'—'broncophony'—'pneumo-thorax'—'rhonchus'—'crepitation, fine and coarse'—'vocal resonance'—'tinkling echo'—'metallic tinkling'—'amphoric, or bottle-like sound'—'clicking'—'bubbling'—'gurgling'—'snuffing'—'whiffs of a cavernous respiration'—'fistular resonance, like that of a pan-pipe or key'—'pectoriloquy, forming a little island of voice'—*cum multis aliis.*"

Dr. Clutterbuck seeks to destroy the fame of Laennec by the worn-out system of denying his originality. Can he point out a single author who used auscultation as Laennec did, from the time of Hippocrates to the discovery of the stethoscope? He cannot. He is strangely ignorant, when, combining the modes of auscultation and percussion, he states that "*this mode has always been resorted to by physicians,*" and his joke about auscultation as equal to mesmerism and homœopathy, comes with a bad grace from one, himself the author of an unphilosophical and exploded theory of fever.

But Dr. Clutterbuck is an auscultator. He can tell by "*the tone of the*

when I found an *empty sac*; I divided the neck of the sac. The patient died in thirty hours. On opening the abdomen, the upper part of the small intestine was found distended, swollen, and inflamed. A segment of a portion of the ileum, which had been down, was deeply discoloured, and retained the impression of the close grip of the neck of the sac. It had been forced back into the body, before the performance of the operation, by the taxis, too much injured for recovery, through the length of the time it had been strangulated. The tumour upon which I operated was the sac, with thickened adipose matter partially surrounding it."

<sup>1</sup> Aug. 25, 1838, p. 781.

cough whether there is not a great cavity in the lungs, the result of suppuration or ulceration." He can tell with "tolerable precision, whether a quantity of mucus lies loose and floating, as it were, in the air tubes!" He can judge of the state of the larynx by the sound of the voice; and ascertain whether the lungs are pervious to air. His powers of diagnosis are certainly great; his opinion in chest disease must be equally valuable.

We suspect Dr. Clutterbuck's sense of hearing must be injured; for to him the "*ear trumpet*" magnifies but distorts the sound, rendering it less distinct than before. He holds that it may be classed with the telescope and the microscope, and includes all three in his anathema! And he adds, that "the information thus acquired, supposing it to be correct, comes too late in general to be of any practical use. It serves to indicate the consequences of disease, rather than disease itself, and that at a period when they are far beyond the power of art to remedy."

It is not true that auscultation only detects fully formed diseases. Its chief value is the facility with which it enables us to recognise the true nature of pleurisy and pneumonia, often a few hours after they have commenced, and consequently at a time when the knowledge thus obtained leads to the almost instant arrest and cure of the disease.

We would ask Dr. Clutterbuck whether it is of no practical use to discover an apyrexial hepatisation, to distinguish between this and a circumscribed pleuritic effusion; to discover whether, in a case of laryngeal disease, the lungs are healthy or diseased? to distinguish between an empyema with or without a pulmonary fistula? to detect a foreign body fixed in the bronchus? to distinguish, in a case of stridulous breathing, where tracheotomy is apparently called for, between tracheal disease and the pressure of an intro-thoracic tumour; to detect the existence of effusion into the pericardium; or to discover latent disease of the mucous membrane, parenchyma or serous structure in a case of typhus fever. We might add an hundred more of such instances.

Let us be clearly understood. We write these remarks for the junior student, who might be deterred from studying an important and now indispensable part of his profession, by the statements above quoted. We seek not controversy with Dr. Clutterbuck, his opinions can only affect the uninformed.

In the next number, Dr. Hope, of whom we wish to speak with the respect which his labours have earned for him, has authorised the publication of a series of diagnosis, made by his pupils after a ten minutes' lecture on the most difficult part of medicine, namely, the valvular diseases of the heart. The pupils were inexperienced, and as far as we can learn availed themselves solely of physical diagnosis. Their conclusions, in thirteen cases out of fifteen, were "*correct*," although they had, amongst others, to deal with the rare diseases of the pulmonic orifice.

That the pupils, after having been instructed in Dr. Hope's views of the causes and situations of valvular murmurs, should have come to conclusions such as he would have done, is not wonderful; but that these conclusions were correct we have only Dr. Hope's word for. We shall not examine into the evidence of the conclusions, for we know it to be insufficient; but we object to the whole proceeding, as calculated to revive the often repeated and refuted objection to the advocates of auscultation, that they neglect the history of the case and vital phenomena.

The following considerations we wish to impress on the pupils of the Meath Hospital.

*First.* That the physical signs of valvular disease are not yet fully established.

*Second.* That taken alone, they are in no case sufficient for diagnosis.

*Third.* That even in organic diseases the nature and situation of murmurs may vary in the course of a few days.

*Fourth.* That all varieties of valvular murmurs may occur without organic disease.

*Fifthly and lastly.* That organic disease of the valves may exist to a very great degree without any murmur whatsoever.

Of this assertion we shall hereafter bring abundant proofs.

R. J. GRAVES,  
W. STOKES.

*Repeated application of the same Leeches.* By Dr. KUNDIG, of Grönengen.<sup>1</sup>—A girl, 20 years of age, and of scrofulous constitution, contracted in June 1836, a painful swelling of the right knee-joint. Two applications of leeches to the joint, together with antiphlogistic and derivative remedies, gave no relief, and Dr. K. resolved to leech the part several days in succession. As the circumstances of the patient made it desirable to avoid expense, the leeches which had once drawn and fallen off were emptied, placed in lukewarm marsh water, and reapplied the next day. This was followed up for fourteen days, and sixteen of twenty-two leeches drew as well on the last day as the first. The inflammation and pain were thus diminished, and the swelling reduced; the leeches therefore were discontinued, and warm fomentations of the decoctions of belladonna and cicuta applied. The disease gradually subsided under this treatment, and the patient resumed her avocations. It would appear from this case, that the desire and power of the leech to reapply itself, are better maintained when the trial is made on successive days, than when the animal is allowed to rest for a longer period.

#### BOOKS RECEIVED.

*From the Editor.*—Lectures on the Theory and Practice of Physic, delivered in the College of Physicians and Surgeons of the University of the State of New York. By the late David Hosack, M. D., L. L. D., F. R. S., Professor of the Theory and Practice, &c., and of Clinical Medicine in that institution. With an Introductory Letter, by Nathaniel Chapman, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. Edited by his friend and former pupil, Henry W. Ducachet, D. D., Rector of St. Stephen's Church, Philadelphia. 8vo, pp. 700. Philada., 1838.

*From the Publisher, Mr. Herman Hooker.*—A copy of the same.

*From the Author.*—A Manual of Chemistry: containing a condensed view of the present state of the science, and copious references to more extensive treatises, original papers, &c., intended as a text-book for medical schools, colleges, and academies. By Lewis C. Beck, M. D., Professor of Chemistry and Botany in the University of the City of New York, and in Rutgers's College, New Jersey, &c. &c. 3d edit., illustrated with numerous woodcuts. Small 8vo, pp. 482. New York, 1838.

*From Professor C. Davis, of Georgia.*—An Address delivered at the Medical College of Georgia, on opening the course of lectures, 17th Oct., 1837. By Paul F. Eve, M. D., Professor of Surgery, and Dean of the Faculty, Medical College of Georgia. 8vo, pp. 16. Augusta, Ga., 1838.

Refutation of charges made by Dr. Caldwell, through the columns of the Louisville Journal, against Professor James C. Cross, of Transsylvania University. 8vo, pp. 15. Lexington, Ky., 1838.

<sup>1</sup> Casper's *Wochenschr. f. d. ges. Heilk.*, 1838, No. 7.

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## ART. I.—CASE OF DEATH FROM SWALLOWING A CENT.

BY ORLANDO FAIRFAX, M. D., OF ALEXANDRIA, D. C.

Alexandria, D. C., Oct., 1838.

*Professor Dunglison.*

Dear Sir,—If you deem the following case of sufficient interest for insertion in your valuable periodical, it is much at your service.

With great respect, very truly yours,  
O. FAIRFAX.

On the 19th of Oct., 1838, I was called to see Mary, a negro girl, aged 12 years. I found, on my arrival at the house, that she had just expired. I was told by her friends that they had not been aware of her being in ill health until the previous evening, when she suddenly discharged from the mouth about a wineglassful of blood; that after this discharge she was cheerful and apparently well for about twenty hours, when the hemorrhage was renewed, and she expired in a few minutes. I saw about ten ounces of florid but not frothy blood, which was what she had discharged on the second occasion.

Upon further enquiry into the history of the patient, I ascertained that she had swallowed a copper coin (a cent) about two years since, and that ever since she had complained of pain about the upper part of the sternum, with occasional difficulty of swallowing; but that she had not been the subject of diarrhoea, and that she had never complained of pain in the abdomen.

*Necroscopy, twenty hours after death.*—Exterior: moderately plump; abdomen rather full; some blood flowing from the mouth and nostrils.

*Thorax.*—Heart, lungs, and pleura perfectly natural. On slitting open the œsophagus the coin is discovered, situate with its planes parallel to the axis of the tube and presenting forward and backward, and having two opposite parts of its circumference resting in deep longitudinal sulci, produced in the coats of the œsophagus by ulceration. One of the ulcers, having perforated the coats of the œsophagus, has formed an opening about two thirds of a line in diameter into the aorta, at a point five lines below the origin of the left subclavian. The calibre of the aorta at this point is not enlarged. In the cellular membrane, in the fork formed by the bifurcation of the trachea, is a globular cyst, of the size of a walnut, and containing a fluid strikingly resembling white of egg.

*Abdomen.*—No morbid adhesions between the different portions of the peritoneum. The peritoneal coat of the intestines is of a remarkable bluish green, which colour has been imparted to that portion of the surface of the liver which rests on the colon. The stomach is distended with dark, coagulated blood, and the mucous membrane is of a brownish-red colour. The mucous membrane of the small and large intestines is of a somewhat lighter colour than that of the stomach, and throughout is thickly studded with na

infinite number of enlarged muciparous glands, of the size of millet seed. The small intestine contains little else than greenish mucus. The colon is remarkably large, and contains a great quantity of a substance, black and pasty, having an unusual odour, and adhering with great tenacity to the mucous membrane.

The coin, on being compared with a new one of the same denomination, is found to be twenty-six grains lighter.

O. FAIRFAX.

## ART. II.—RESEARCHES ON CEREBRAL OTORRHOEA.

BY PROFESSOR ALBERT, OF BONN.

(Concluded from p. 233.)

**CASE 6.**—A man a little more than 40 years of age, lean, has suffered for two years from violent cephalalgia, especially on the right side. He relates that at its commencement there was profuse otorrhœa of the same side, which had lately occurred on the opposite side, but in a less degree, followed by complete deafness. The pains increasing, Professor Hendrin, of Groningen, was consulted, who trepanned the patient above the right ear, at the place where the pains had commenced. At the termination of a few days, the otorrhœa had entirely ceased, and the patient thought he could hear a loud noise; but in proportion as the suppurating wound approached a cure, the otorrhœa returned to the same extent, and was accompanied with cephalalgia and difficulty of deglutition. The patient died suddenly a few days after.

*Autopsy.*—Almost entire destruction of the petrous bone, with caries of the mastoid process; effusion of pus into the base of the cranium, compressing the medulla, which explains the difficulty of deglutition and sudden death. Nothing extraordinary in the part trepanned.<sup>1</sup>

**CASE 7.**—Guillen Basé, ætat. 22; attacked with fever and delirium after having had an aching tooth drawn, on the 28th of September; four days after, purulent discharge took place from the auditory meatus. Died on the 4th of November.

*Autopsy.*—Dura mater strongly adherent to the arachnoid, and dotted with small points, particularly towards the longitudinal sinus; convex surface of the brain studded with a large quantity of tubercles, filled with a purulent mass. The cerebral substance, when cut in slices, presented striæ of the same matter. The choroid plexus filled with vesicles containing pus. Cerebellum covered with same mass. The nerves of the seventh and eighth pairs almost destroyed by the pus found in the internal meatus. The superior and horizontal semicircular canal and the inferior portion were filled with pus; the foramen ovale destroyed, and the membrane of the tympanum perforated.<sup>2</sup>

Regarding the short duration of the disease, it is difficult to indicate with certainty the point of departure of the affection; considering, however, the rapid progress and the great disorganisation of the brain, it is fair to presume that it commenced in the latter organ.

**CASE 8.**—C., ætat. 18, affected for many years with otorrhœa and deafness, had, in 1810, an abscess behind the ear through which a probe might be introduced into the mastoid process, and which subsequently closed. Afterwards the patient was seized with cephalalgia, which in 1813 became very violent.

On the 14th of May, he had pungent pains in the head, with anxiety, fre-

<sup>1</sup> Willemier, *Dis. de Otorr.*, &c., p. 27.

<sup>2</sup> Willemier, *l. c.*, p. 89.

quent vomiting and somnolency. (General and local bleeding, purgatives, blisters, and mercurials.)

On the 15th and 16th, cephalalgia less; more vomiting; stupor; loquacity; pulse irregular. Death sudden. Neither the symptoms of paralysis nor of spasm were observed.

*Autopsy.*—Right hemisphere partly reduced to pus, liquid in the very substance, but of rather a pultaceous consistence at the periphery; clots of blood in the middle of this mass. Ventricles of the brain filled with a purulent serosity.<sup>1</sup>

This case is remarkable for the fact that the suppuration of the ear was on the left side, that of the brain on the right.

CASE 9.—See Morgagni de Sed. et Caus. Morb., Epist. 12, Art. V.

CASE 10.—See Lallemand, Recherches sur l'Encephale, Lettre IV., note to the third page. Lallemand, in reporting this case of Baugrand, said he saw a similar case at the Hospital of Saint-Eloi; the caries even extended as far as the body of the second vertebra; a deviation of the head resulted, which inclined upon the shoulder of the diseased side; incomplete paralysis of the superior extremities; swelling of the neck, &c.

CASE 11.—A girl, between eighteen and twenty years old, had putrid remittent fever; bilious and verminous vomiting; tongue thickly coated; pulse full and frequent; urine turbid; dejections fetid. But what was of more importance, was a discharge of pus by the right meatus, with very violent pains in the head. This suppuration commenced a long time before the fever. Goulard, who related this case, was unable to learn any thing further from the patient, as she was at her entrance incapable of answering any questions.

*Autopsy.*—Under the greater half of the right hemisphere of the brain was an abscess, surrounded by an orange-coloured cyst. The neighbouring cerebral substance was softened. A squamous portion of the parietal bone, and the commencement of the superior face of the petrous bone, were carious even to the mastoid process, and this was filled with a pus similar to that which during life was discharged by the ear and nose.<sup>2</sup>

CASE 12.—See Abercrombie.<sup>3</sup>

CASE 13.—A man, ætat. 70, affected for two years with a not very acute pain in the ear, followed by a purulent discharge, was attacked with fever, and died soon after.

*Autopsy.*—Petrous bone, Eustachian tube, and sphenoid bone, filled with pus, and destroyed by caries.<sup>4</sup>

CASE 14.—A child attacked with opisthotonos, died comatose.

At the autopsy, the base of the cavity of the tympanum was found perforated. The mastoid portion of the temporal bone was destroyed. All the parts communicated with each other.

Cerebral otorrhœa, in which suppuration of the brain and of the ear were not in direct communication.

CASE 15.—A boy, ætat. 11, was seized, during the period of desquamation of mild scarlatina, on the third day of the disease, with a violent pain in the ears and head; one or two hours after, he had delirium, with violent fever. (Blisters to the nucha; local and general bleeding; cold fomentations to the head.) Died on the fifteenth day of the disease.

*Autopsy.*—Purulent discharge by the internal ear; cavity of the tympanum filled with pus. Membrane of the tympanum and ossicles destroyed. The pus did not enter into the labyrinth. At the posterior lobe of the right hemisphere there was a softened spot; the corresponding membranes were red and deeply injected. Between the dura mater covering the posterior

<sup>1</sup> Abercrombie, Edinburgh Medical and Surgical Journal, June, 1818.

<sup>2</sup> See this case in greater detail, in Lallemand, l. c., p. 151.

<sup>3</sup> Maladies de l'Encephale, par Gendrin, 2de édit., p. 50.

<sup>4</sup> Martin Roux, Journal de Médecine, t. 30, p. 456.

part of the petrous bone, and the arachnoid corresponding, was an exudation of lymph, which adhered strongly, especially to the dura mater.

### *Remarks.*

From the above cases we infer,—1st. That suppuration of the ear may bear a triple relation to the brain; the disease extending from the brain to the ear, or from the ear to the brain, or developed in both parts simultaneously; the second mode being the most frequent. The propagation of the disease recurs by (a) *continuity*. Each part is affected and destroyed by degrees, until the cerebral suppuration makes its way outward, or until the suppuration of the ear has attacked the brain and its membranes. This mode of propagation, which attacks and destroys every tissue without exception, is the most common.

(b) *At a distance*—Suppuration of the ear develops itself primarily, and is frequently confined to the middle and internal ear; notwithstanding which the membranes of the brain inflame and suppurate. Inflammation of the brain or its meninges is confined to the interior of the cranium; abscesses resulting from it do not reach the ear, and yet inflammation and suppuration occur in the internal ear. In this case, we cannot always demonstrate that the cause of the disease has acted at the same time upon the ear, or that there has existed a predisposition to the disease developed in this organ. We have seen by the cases how the suppuration may be prolonged into the brain. In one case it not only destroyed the parts adjacent to the ear, but even the left hemisphere, and almost all the right.

2dly. As the disease does not always spread by continuity, and as it may be developed simultaneously and separately in the ear and the brain, those cases may be explained in which cerebral suppuration occurs on the side opposite to the diseased ear (Case 8). This remark is interesting, as showing that deafness and purulent discharge are not always to be found on the side on which the brain is diseased.

3dly. The suppuration, in spreading towards the brain, attacks first of all the membranes investing the petrous bone and the cerebral arteries. The membranes are inflamed, thickened, granulated, perforated, and destroyed in different ways, frequently adhering strongly to the parts of the brain in suppuration. The abscesses which commonly occur in the posterior lobe of the brain, or in the cerebellum, are almost always separated from the membranes by a layer of cerebral substance; frequently they have a cyst. In cases where they open and discharge into the auditory organ, or into the base of the cranium, a small aperture leads through a canal of cerebral substance into the emptied cavity.

4thly. When suppuration occurs in the ear, it is not always produced in the brain; but ramollisement, or a simple inflammation of the membranes of the brain frequently exists.

Suppuration and cerebral inflammation do not always give rise to suppuration of the ear; but it cannot, as the case of Schroeder, v. der Kolk exhibits, form a true otitis, with effusion of lymph, and formation of false membranes. This case is particularly remarkable, as showing how, by an effusion in case of cerebral inflammation, permanent deafness may supervene; it explains, also, the marked efficacy of calomel, in deafness following cerebral inflammation or otitis, by exciting the absorption of the inflammatory product.

5thly. Suppuration, which extends from the brain to the ear, more rarely makes its way by the auditory meatus, most commonly another part of the petrous bone is attacked, becomes carious, and forms the means of propagation of the disease; sometimes the most external part of the petrous bone is attacked, and the pus reaches the meatus auditorius externus by an extensive circuit; thus it is that the middle ear and the labyrinth remain unaffected. Cases may therefore occur in which suppuration of the brain, making its way by the external ear, leaves the hearing intact. But when

suppuration extends from the ear to the brain, this propagation takes place more frequently through other parts in the neighbourhood of the auditory meatus than the labyrinth; even in cases where the mastoid process is primarily affected, every part of the labyrinth may become carious, and the disease be propagated to the brain; in one case the temporal bone was carious, the surrounding membranes thickened, and the disease propagated along the external bones of the cranium; it broke through the external ear, leaving the internal parts completely untouched.

6thly. The phenomena of cerebral otorrhœa are much more numerous than have been hitherto pointed out; for they arise not only from the ear and brain, but also from other parts which are gradually affected by the suppuration. When the disease extends from the brain to the ear, the cerebral phenomena exist a long time before the ear is affected; generally they are neither violent nor numerous, but very obstinate; thus, as we have seen in case the first, a violent pain along the sagittal suture, with fever, chills, anxiety and insomnia; in the second, severe hemicrania, occupying the occiput and forehead, and subsequently followed by delirium and phrenitis. In examining these phenomena more closely, we see that they commonly accompany inflammation of the dura mater; at the commencement the symptoms are isolated; gradually they become more numerous and violent; at last those of internal otitis show themselves; violent pain of the ear, hearing difficult, deafness, &c.; and the purulent discharge does not supervene until the last period of the disease. Exact observation of the difference in the outset and course of these two diseases can alone lead, during life, to the diagnosis of internal otitis.

Otorrhœa, which gradually attacks the brain and its membranes, does not follow any definite course. In one case the disease of the ear may last for a long, in another for a very short, time; at times it manifests itself with a hissing and roaring, at others with violent pain. The debut is very various; at one time the disease appears like rheumatism, which changes into inflammation and suppuration; at another time it appears like true inflammation terminating in suppuration; in others again otorrhœa may date from infancy. Suppuration does not appear to be favoured by the length of the disease, for it may happen that the latter has been of long or short duration; but in this case caries appears to be constant; the symptoms indicating its existence are, disordered movements of the eyelids and muscles of the face; redness of the palpebral conjunctiva, and pains in the bones of the face; in many cases, puffiness of the mastoid process, or of some other bone near the ear. The symptoms at the side of the head are of a different nature: at the commencement, circumscribed pain of the head of varied intensity, subsequently fever, agitation, then coma, and frequently sudden death. If cerebral suppuration breaks outwardly, a short time before death a profuse discharge appears. The caries of the internal ear, of the mastoid process, and petrous bone, is generally very considerable. Cases in which inflammation and suppuration appear suddenly or in an isolated manner are the most acute, and are announced by violent symptoms of internal otitis, meningitis, or encephalitis.

7thly. Pus may be propagated in a peculiar way, and break out far from its origin; it may flow through the Eustachian tube into the œsophagus and trachea, whence it is ejected by expectoration, and may give rise to the supposition of the existence of ulceration of the trachea and lungs (Case 10); when swallowed it excites nausea and vomiting, and may simulate suppuration of the stomach. Abercrombie cites a case where the pus from caries of the petrous bone and mastoid process broke into the neck; another time it passed into the chest, and a pound of it was found in the pleura costalis. Thus pus may be deposited in every region of the upper part of the body.

8thly. It has been already demonstrated that suppuration of the brain may occur on one side and suppuration of the ear on the opposite; but there are also cases where one ear is primarily diseased, the other becoming equally so (Cases 4 and 8).



9thly. In the case of otorrhœa where an abscess of the brain opens and pus is effused into the base of the cranium and vertebral canal, death may supervene suddenly by compression of the brain and medulla oblongata (Case 6).

### ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

*Summary of Cases treated in Women's Medical Wards, Nos. 1 and 2, and in the Black Women's Medical Ward, of the Philadelphia Hospital (Blockley), from July 24th, to September 4th, 1838. Reported by EDWIN A. ANDERSON, A. M., M. D., of Wilmington, N. C., Senior Resident Physician.*

#### 1.—Women's Medical Wards, Nos. 1 and 2.

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Phthisis Pulmonalis . . . . .	2					2
Laryngitis . . . . .	1	1		1		
Bronchitis . . . . .	1	1		1		
Disease of Heart and General Dropsy* . .	2			1	1	
Intermittent Fever . . . . .	1	1		1		
Gastro-Enteritis . . . . .	1	1		1		
Cholera Morbus . . . . .	1	1		1		
Dysentery . . . . .	3	3		3		
Gastritis . . . . .	1				1	
Neuralgia . . . . .	2					2
Epilepsy . . . . .	1			1		
Nephritis . . . . .	1	1		1		
Chronic Rheumatism . . . . .	1	1		1		
Acute Rheumatism . . . . .	1					1
Disease of Heart, General Dropsy, and Syphilis	1				1	
Total . . . . .	20	10		12	3	5

#### REMARKS.

*Phthisis Pulmonalis.*—The number of cases admitted into these wards was very few, amounting only to two. Both, at time of admission, exhibited cavernous respiration under the right clavicle, gurgling, pectoriloquy, copious purulent expectoration, hectic, sweating, &c. Treatment—external counter-irritation to chest, with the unguentum antimonii et potassæ tartratis, with demulcents and narcotics to allay cough.

*Chronic Laryngitis.*—Anne Wilson, aged 74 years. This was a very mild case, yielding readily to external irritants to throat, demulcents, narcotics, &c.

*Bronchitis.*—Charlotte Luzenberg, aged 21. Treated successfully by the unguentum antimonii et potassæ tartratis to the chest, and the following mixture for the cough:—

R. Morphine sulphatis, gr. i.; mucil. sem. lini, ʒv.; syrup. scillæ, ʒi; fiat mistura cujus sumatur cochleare quaque semi-hora. Cured.

\* Discharged to the Women's Lunatic Asylum, to be treated for mania a potu.

*Disease of Heart and General Dropsy.*—Mary Judge, aged 60 years. This case was reported by Dr. Vedder in the number of August 15th; page 154. Since this report excessive dyspnœa, from the rapid increase of fluid into the thorax, supervened. Treated chiefly by digitalis and other diuretics. Death occurred suddenly, as was anticipated from the great alteration in the heart's rhythm.

*Intermittent Fever.*—A very mild case; cured by the sulphate of quinine—two grains every hour.

*Gastro-Enteritis.*—Margaret Reed, aged 30. Treatment—*Cucurbitulæ cruentæ* epigastrio cum cataplasmate humuli pro re nata.

*Cholera Morbus.*—Mary Kelly, aged 54. Treatment—opium, grs. ss. every three hours; sinapisms to the epigastrium; creosote was exhibited with good effect for allaying the continual vomiting.

Patient, after a few days' treatment, was discharged cured.

*Dysentery.*—Two of these cases were treated successfully with acetate of lead and opium; the third recovered, somewhat more slowly, under the use of tannin, one grain every two hours.

*Gastritis.*—This case will be separately reported at some future period.

*Neuralgia.* No. 1.—This patient is subject to intermittent sternal and frontal neuralgia; several of these were followed by severe otitis, first of the right and afterwards of the left ear—treated chiefly by leeches, galvanic plates, and narcotics. Relieved.

No. 2.—This patient was treated rather for the sequel of neuralgia than for this affection itself. After the subsidence of a neuralgic attack in the right hand, obstinate phlegmonoid erysipelas supervened, so as to induce considerable apprehension of suppuration and sloughing of the integuments. The inflammation, however, slowly subsided under the use of epispastics and methodical compression; leaving some adhesion of the integuments to the fascia below.

*Epilepsy.*—Amenorrhœa for some time. Attacks violent, recurring every two or three weeks. Treatment—Seton in the nucha, and *nitræs argenti* (gr. i. four times a day). Patient was discharged from the wards not cured, and unrelieved after continuing this plan of treatment for five weeks. She was sent away on account of insolence and insubordination.

*Nephritis.*—Ann McCormick, aged 39 years. A very mild case, readily yielding to infusion of flax-seed, cupping, and counter-irritants over the region of the kidneys.

*Chronic Rheumatism.*—Margaret Miller, aged 37 years. Treated with the tincture of the *actæa racemosa*. Cured. This case, along with several similar ones, will be reported at length hereafter.

*Disease of the Heart, General Dropsy, and Secondary Syphilis.*—This was one of the many cases too often met with by the hospital practitioner, which, amidst the fearful ravages of disease, show how tenaciously life still clings to the sufferer, after all the resources of art have proved utterly unavailing. The patient presented, at her entrance, ulceration of the soft palate, the posterior nares and mouth forming one cavity; aphthæ of the mouth and alimentary canal; œdema of the extremities; distension of the abdomen and thorax; excessive dyspnœa, and palpitation of the heart. She was unable to take food or medicine, and died, loathsome to herself and her attendants.

## 2.—Black Women's Medical Ward.

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Phthisis Pulmonalis . . . . .	5				2	3
Bronchitis . . . . .	1	1		1		
Hypertrophy of Heart . . . . .	1				1	
Valvular Disease of Heart . . . . .	1			1		
Pleuritis . . . . .	1	1		1		
Typhoid Fever . . . . .	1	1		1		
Ptyalism Mercuroialis . . . . .	1	1		1		
Acute Rheumatism . . . . .	1	1		1		
Anasarca of Lower Extremities . . . . .	1	1		1		
Ovarian Tumour . . . . .	1			1		
Dysentery . . . . .	2					2
Total . . . . .	16	6		8	3	5

## REMARKS.

*Pleuritis.*—Sarah Chambers, aged 18. Treated by her physician before entrance into the hospital, for acute hepatitis. Upon entrance, complained only of fixed pain in the left side on inspiration, slight heat of skin and dryness of tongue. No traces of effusion could be detected either by percussion or by the stethoscope. Three days subsequently the chest was again examined. There was now evident distension of the walls of the left side of the thorax, cægophony, and entire absence of respiration at the lower portion of the lung. Percussion flat; the line of flatness and sonorousness well marked. Upon percussing the patient when in an erect posture, and determining the line of dulness, still keeping the pleximeter in the same position and situation upon the chest, the patient was ordered to resume the recumbent posture. Percussion was now evidently sonorous in the very same spot; from the gravitation of the liquid to the spinal portion of the thoracic cavity, plainly proving the fact of effusion. The patient was now ordered the following prescription:—

R. Hyd. chlorid. mit., gr. i.; pulv. scill., gr. i.; pulv. digital., gr. ss.; fiat pulvis omni hora sumendus.

August 28th.—Urine now increased to three pints daily; distension of side less; respiration easier. Continuentur pilulæ.

Sept. 3d.—Effusion now entirely disappeared; respiration easy, vesicular throughout the whole of the chest; no distension of side. Discharged cured.

*Typhoid Fever.*—Mary Lee, aged 19. This case was a very mild one. Treated by the mistura effervescens, 3ss. every two hours; epithems of iced water to the head; sponging the body with the chlorides, and occasional purgatives. Cured.

*Acute Rheumatism.*—Treated successfully with the actæa racemosa. This case will be separately reported.

*Anasarca of Lower Extremities.*—Phoeby Ricks, aged 70. Patient an old inmate of the hospital, idiotic for many years; came into the ward labouring under extensive infiltration of feet and legs, extending almost to the groin. This case was interesting from the trial that was made upon it in testing the powers of our native digitalis. A small quantity having been carefully prepared by the apothecary, Mr. Marks, for this purpose, from the hospital garden, one grain of the powder was given four times a day. In three days the effusion entirely disappeared, the secretion of urine being

very copious and frequently discharged. As far as three trials go, the reporter is decidedly favourable to the native digitalis. The subject is well worthy the attention of the profession; for several years the native plant has been employed in preference to the imported, or English article, by many intelligent physicians of Connecticut.

E. A. ANDERSON, A. M., M. D.

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#### ART. IV.—CASES ILLUSTRATING THE USE OF THE FORCEPS.

##### No. 2.

BY S. A. COOK, M. D., BUSKIRK'S BRIDGE, NEW YORK.

(Continued from page 166.)

Before making such general remarks on the use of the forceps as the cases already presented would suggest, I shall proceed to relate a few illustrating my second indication, viz., the extreme sufferings of the mother. It frequently happens that, after a severe or lingering introduction to parturition, when the os tincæ has fully dilated, and the head, nearly or entirely escaped from the uterus, has sunk into the pelvis, so as to all but rest on the perinæum, that the further progress of labour ceases. Irregular uterine contractions continue, painful in the extreme; often harassing and tormenting the patient for hours, sometimes for days, the head remaining unmoved, and the patient—just on the verge of delivery—undelivered. It may be difficult to account for a cessation of progress at this particular period of labour. The pulse and countenance of the patient exhibit no signs of exhaustion; and the ease with which the head of the fœtus is moved about by the finger, indicates no disproportion between it and the passage through which it is intended to pass. Yet every accoucheur must have witnessed this state more or less frequently, and have watched with the utmost solicitude for the advancement of the fœtus, while he felt that a few—perhaps one or two—forcible contractions would readily terminate the sufferings and anxieties.

The uterus, whether muscular or not, exhibits during parturition one of the most important attributes of the muscular fibre, viz., the power of contraction; and appears also to be governed in its contractile efforts by laws similar to those that govern muscular action. There is a point of distension at which every muscle, and more especially the hollow muscles, are enabled to act with their maximum of facility and force. If the bulk of their contents distend them beyond this point, their contractions will of necessity be less powerful and more irregular, until the point of perfect paralysis be reached. This principle the surgeon sees familiarly illustrated in the unavailing efforts to empty itself of the over-distended bladder. So, when the contents are less in bulk than is required to produce the distension necessary for facility of action, the power of forcible and regular contraction decreases in a similar ratio. Consequently if, as generally is the case, the point of easy action be passed when the head of the fœtus escapes from the os uteri, or, as it may be more properly expressed, the stimulus of distension is no longer capable of continuing the uterine action in sufficient force to drive the fœtal head through the pelvis, a new and more powerful stimulus is required to enable the uterus to act with sufficient energy to complete the labour.

Such a stimulus is found in the painful irritation of the passage of the head over the sensible surface of the mucous lining of the vagina, the distension of the perinæum, and the still more acute agony of the passage of the immediately external parts. Thus are presented, in succession, three stages of painful excitement to uterine contraction; and though differing in energy according to the irritation that the tissue suffers while the fœtal head

is passing over or distending it, each is adapted to fulfil its office in the progress of labour. The irritation arising from the passage of the head through the pelvis, unless disproportionably large, is trifling, when compared with that produced by distension of the perinæum, or the still more exalted excitement of the passage of the os externum; and it will readily be perceived that here nature, as usual, kindly proportions the sufferings to the necessities of the case. During the passage of the pelvis, the uterus is sufficiently distended to require but a little adventitious excitement to produce a proper degree of action, to so far advance its contents as to painfully distend the perinæum, and thereby call into existence a new excitant to its further and more powerful efforts in time to continue the progress of labour. Of this, however, it sometimes fails; and when it does, the most common period is just at the close of this stage, when the head almost, or perhaps entirely, rests on the perinæum, without distending it; when the uterus has considerably lessened the bulk of its contents, and consequently the energy of its contractions; when, from the failure of an anticipated excitant, the expulsive efforts cease, and the labour no longer progresses. If the uterus now rest, it will in a short time accumulate sufficient energy to again commence its expulsive contractions; and hence, frequently after a few hours of calm sleep, the patient is aroused by a return of pain, which, assuming its former energy, soon terminates the labour. On the contrary, if, as frequently is the case, irregular and partial contractions continue, the uterine energies are expended as fast as accumulated; and unless the accoucheur take the case into his own hands, and terminates it by artificial means, the patient, after suffering the extreme of human agony for an indefinite period, very frequently worn out and disheartened with the idea that she is making no progress, sinks into that state, which, from its accumulated horrors, has been aptly termed "nature's last necessity;" or perhaps what may be considered more fortunate, the general sufferings at length rouse the energies of the parturient system, and the patient, after experiencing untold tortures, is at length, by a last and desperate rally, relieved.

But has the accoucheur nothing to do here except to remain a silent spectator of the efforts of nature. The consideration of this part of the subject will be postponed till another time. The means of relief that science places in his hands are the forceps and the ergot; both efficient remedies, both liable to objections, and each probably applicable under certain circumstances. Of the two, as a general agent, I prefer the forceps: 1. Because, if skilfully applied, and cautiously operated with (as they always should be), they occasion much less increase of suffering than the ergot; a consideration that should obtain its proper influence with every practical member of the profession. 2d. After their application, the operator has still the control of their action; a power which he entirely loses when he uses ergot, and which is frequently of importance, and more particularly in twin cases, where the second child often presents unnaturally, and of consequence it is at extreme hazard that the propelling power is continued—a circumstance that once occurred to myself, and of course produced a lasting impression on my mind. 3d. The forceps are applied directly to the object on which we wish to act, and when skilfully used speedily fulfil their office, without injuring the mother or the child; a property not readily accorded to the ergot. When, therefore, the head is sufficiently advanced to be easily reached, and the contractions have become irregular and without force, when no obstructions interpose to forbid their use, the forceps become the safe and easy means of speedily terminating this state of suffering and danger.

CASE 5.—Mrs. S., March 1834, had been eight hours in active labour when I first saw her. It was her first child. As she was of good constitution and in the possession of robust health, and the vertex presenting, she was suffered to remain in this state six hours; though the head was all the time nearly resting on the perinæum, and consequently within reach of the

forceps. Her pains were teasing, frequent, and without force, of which she was conscious. Her brow was knitted, and whole countenance indicated extreme suffering. At her earnest solicitation I now applied the forceps, and in forty minutes terminated the delivery of the child. It was a male, healthy and uninjured. She got up without difficulty.

CASE 6.—Feb. 29, 1838. Mrs. S. again in labour, with her third child, having been delivered, in Sept. 1835, of her second, a male, by Dr. Morris, as I learned, with the aid of the vectis. The same phenomena as above presented;—when, after waiting one and a half hour without advancement, I applied the forceps; and in a few minutes delivered her of a large healthy male child. Recovery rapid.

CASE 7.—Mrs. B., aged 31 years. May 5, 1835. Has been married eleven years. In labour with her first. When I arrived her pains had been active about five hours. Os tincæ fully dilated; waters evacuated an hour before; presentation vertex; perinæum and external parts rigid; bled from the arm eighteen ounces. Four hours afterwards—Head resting on perinæum, which is relaxed and soft; pains declining; pulse soft, full, and of little more than natural frequency; countenance haggard; complains of great and general distress; is extremely restless. About an hour after this, her labour not progressing, I applied the forceps, and in half an hour delivered her of a medium-sized female child. Considerable hemorrhage followed the delivery of the placenta, and she had a slow recovery. Child healthy.

CASE 8.—Mrs. B. Jan. 4, 1838. In labour with her second child eight hours when I saw her. Waters discharged early in the labour; head advanced into the pelvis; pains very severe, without producing any perceptible impression on the head. Was informed that with her first child she remained twelve hours in this situation, her accoucheur not having his forceps with him, and constantly expecting a favourable change. I waited two hours, when, finding that she made no progress, I applied the forceps, which increasing the energy of the uterine contractions, with very little assistance I succeeded in delivering her of a healthy girl in less than an hour. Recovery rapid; sitting up in a chair and dressing her child on the fourth day.

CASE 9.—Miss T. W., March 1, 1838, aged 16 years; in labour with first child. Dr. Warner has been with her ten hours. Child's head advanced so as to rest on the perinæum. Uterine contractions, though extremely painful, do not advance the labour. No evidence from pulse or countenance of exhaustion. Waited an hour and a half without any perceptible progress of labour, when I advised the application of the forceps, with which Dr. W. agreeing, I applied them, and in half an hour delivered her of a healthy male child. She had a rapid recovery.

A number more cases might be presented without more fully illustrating this principle, as I have had occasion to apply the forceps over twenty times to fulfil this indication. Indeed, for four or five of the last years, when cases have assumed this character, the possibility, or even probability, of the patient being able by her own unaided efforts to terminate the labour, has not been with me the question to be decided; but rather, can her sufferings be diminished without her danger being increased by their use? Wherever this could be reasonably answered in the affirmative, I have unhesitatingly applied them. So far the results of experience justify the course. Neither the patients nor their offspring have suffered. All of the former have recovered with at least an average rapidity; and with the latter, all (with one exception, an enlarged head,) were born living, uninjured, and healthy.

*Buskirk's Bridge, Nov. 5, 1838.*

## BIBLIOGRAPHICAL NOTICES.

*Dr. L. C. Beck's Chemistry.*<sup>1</sup>

We recommend this manual to the student of chemistry. That it has been already well received is sufficiently shown by its being in its third edition. In both this and the preceding editions, Dr. Beck says he has constantly consulted the elaborate treatises of Berzelius, Thénard, Thomson, Henry, Brande, and Turner; he adds, however, that "the work of the late Dr. Turner has been used more freely than any other, and may in some respects be considered the basis of the present manual."

Of the value of that manual the opinion of the profession has often been pronounced, and we understand another American edition of it is in the press.

The improvements in the present edition of Dr. Beck's manual "consist in the introduction of many interesting facts discovered within the last four years, which are inserted in their proper places; the descriptions and woodcuts of the most useful articles of apparatus, some of which will be found in the body of the work, while others, with definitions of chemical terms, and tables of atomic weights, of specific gravities, and weights and measures, constitute an appendix. The materials for the latter editions have been chiefly drawn from the last volumes of Berzelius's *Traité de Chimie*, Faraday's work on Chemical Manipulation, and Reid's Practical Chemistry."—p. vi.

*Wistar's Anatomy by Pancoast.*

We have been favoured by the able editor with the first volume of this work, comprised in four hundred and ninety-one pages; the second and last being in the press and nearly completed.

The Anatomy of Wistar was at one time a universal favourite; not only in its early impressions, but still more in the edition by Dr. Horner. The appearance of other works on Anatomy, and especially that of Dr. Horner have, however, supplanted it in many of the schools, although it is still recommended as a text-book in some of the American medical colleges.

The original formed a good basis, and a valuable superstructure has been erected upon it through the labours of Drs. Horner and Pancoast, especially of the latter, who has industriously added the modern discoveries of anatomists, particularly as regards the structure of the tissues, and elucidated them by numerous woodcuts.

We doubt not that the work will be an excellent companion to the medical student, and that it will furnish him with much interesting and important information, which cannot easily be acquired elsewhere.

<sup>1</sup> A Manual of Chemistry; containing a condensed view of the present state of the science, with copious references to more extensive treatises, original papers, &c., intended as a text-book for medical schools, colleges, and academies. By Lewis C. Beck, M. D., Professor of Chemistry and Botany in the University of the City of New York, and in Rutgers College, New Jersey; Member of the Royal Physical Society of Edinburgh, of the Linnæan Society of Paris, of the Natural History Society of Montreal, of the Philadelphia Academy of Natural Sciences, of the New York Lyceum, of the Albany Institute, &c. &c. Small 8vo, pp. 482. New York, 1838.

*Infirmary for Hernia.*—A prospectus has been issued for an Infirmary for the relief of poor persons labouring under Hernia; to be opened in this city on Monday, the 3d day of December, 1838, and to be under the competent care of Dr. Heber Chase—so well known for his success in the management of hernia, and of Dr. Reynell Coates, one of our best informed surgeons;—the former being the attending, and the latter the consulting, surgeon.

*A Successful Plan of Arresting the Destruction of the Transparent Cornea from Acute Purulent Inflammation of the Conjunctiva.* By FREDERICK TYRRELL, Surgeon to St. Thomas's Hospital, and to the Royal Ophthalmic London Hospital. Read before the Royal Medical and Chirurgical Society, May 22, 1838.<sup>1</sup>—The author having often had occasion to witness the insufficiency of the means commonly resorted to in the treatment of acute purulent inflammation of the conjunctiva, to arrest the sloughing process in the transparent cornea, was induced to study the disease most attentively, in the hope that a knowledge of the mode in which the morbid change takes place, might suggest some adequate means of controlling it. In this hope he was not disappointed, having devised a remedy, the success of which has been sufficient, in his opinion, to warrant him in offering it to the profession. The cornea being, in the author's opinion, almost altogether dependent for its supply of blood upon the conjunctival membrane extended over it, he conceives it to be demonstrated that, in the high degree of chemosis attending upon acute purulent inflammation of the conjunctiva, its supply of blood must be cut off by the mechanical strangulation of its vessels, from which condition sloughing of the whole or a part of the cornea (according to the degree of strangulation) must necessarily result. The plan of treatment, therefore, recommended by the author, consists in dividing the fold of conjunctival membrane, which, by its reflection, constitutes the chemosis, in order, by relieving the distension of its vessels, to diminish the degree of chemosis. The novelty of the plan consists, not merely in the division of the conjunctiva, which has been long practised by many others without the least benefit, but in dividing it in a *radiated* manner, from the centre of the cornea towards the sclerotic margin, in the intervals between the insertions of the recti muscles, whereby the large trunk of the vessels supplying the conjunctiva are avoided. The method, hitherto pursued by many surgeons, of dividing in a circular direction parallel to the margin of the cornea, not only produced no advantage, but was even prejudicial, by cutting off, more perfectly than before, the vascular supply from the cornea. Several cases are related, in which this practice was adopted in persons presented to the author, some in a very advanced stage of inflammation, and after sloughing of the cornea had actually commenced, in which the morbid processes were immediately arrested by its adoption, and the paper concludes by claiming for it the attention of the profession on the following grounds:—That it is safe and easy of performance; that it is more efficacious than any plan hitherto proposed; that it prevents the necessity of active depletion, or the adoption of any more general or local measures, likely to injure the general health or to produce evere suffering.

Mr. Davis was two years in Egypt with the British army, and saw many cases of chemosis. The means resorted to at that period consisted of general bleeding, opening the femoral artery, and dividing the conjunctiva. Army surgeons were not at that time provided with leeches or cupping instruments. He had divided the conjunctiva in hundreds of cases, and so far as that experience went, the proceeding was a most unsatisfactory one;

<sup>1</sup> Lancet, June 2, 1838, p. 342.



the reason why it was so had now been explained by Mr. Tyrrell. General bleeding, as a means of treatment, he had also found most unsuccessful, the disease spreading with a frightful rapidity; he had seen cases in which the cornea had been destroyed in two hours after the first application of the patient to the surgeon. Directions were given that any man who had a sensation of something gritty in his eye should at once apply to the hospital, when an application of tincture of opium was made (the vinum opii not being then in use), and hundreds who thus early applied, and were subjected to this treatment, experienced no further inconvenience, a profuse flow of tears being produced, and the symptoms subsiding. He had himself experienced thirteen attacks of the disease, eight of which had occurred to him in this country. It might not now be of much practical importance to mention, but it was a curious fact, that scarcely a person died of dysentery in whom, during the last moments, ulceration of the cornea did not come on.

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*Reporting Progress!*—The following anecdote is given by Dr. Hosack, in his Lectures, to which we attracted the attention of our readers in the last number:—

“On this subject let me tell you a little anecdote, which I had from Dr. Rush. The doctor had a patient extremely ill, in the Pennsylvania Hospital, for whose recovery he experienced great anxiety. He left him very low, not expecting his recovery. The old nurse of the house was no less attentive to his situation; her anxiety kept pace with the doctor's. She watched the patient very narrowly; *nothing escaped* that she did not know. In a short time a change was effected. In a little time down came old Molly, the nurse, who felt as much anxiety on these occasions as the doctor himself. The old lady impatiently asked for the doctor,—‘Well, doctor, our patient is out of danger!’ ‘Ah, indeed! how do you know, Molly?’ ‘Ah!’ says she, ‘I have one sign, doctor, that never, never deceives me.’ ‘Well tell me, nurse, what is that?’ ‘Oh, you must excuse me, doctor, but I know he is a great deal better.’ ‘I must know that secret, nurse.’ The doctor was determined to sift Molly to the bottom. ‘Well, saving your presence, sir, if I must tell you, he just this moment let go a most terrible —!’ ‘When you get this signal, this *signum salutis*,’ you will remember that your patient is in a good way.”

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*Umbilical Abscess, containing several Ascarides Lumbricoides.*—A young man, aged fifteen, of a leucophlegmatic temperament, has been affected with *tabes mesenterica* for some time; emaciated; languid; confined to bed with swollen abdomen; digestion deranged; constant fever. He had been in this condition for a year, when he felt a painful pricking sensation in the left region of the transverse colon, about four fingers' breadth from the umbilicus; the urine was turbid; *fæces* yellow, nearly liquid, mixed with a whitish fluid; pupils slightly dilated. After continuing for fifteen days, the pains about the umbilicus became most violent; the part presented a red appearance, and was accompanied with fever; an abscess showed itself, which burst spontaneously, and discharged healthy pus. On the fifth day of the opening, along with the pus, which flowed copiously, a worm, of the class *ascarides lumbricoides*, was discharged; it was from five to six inches in length, and about the size of a goose's quill. A few days after a second was discharged, similar to the first; afterwards a third, and on the ninth day a fourth. Some days subsequently another worm escaped, which was alive, and larger than those which had preceded; at the same time matter of a *fæcal* odour was discharged. Shortly the tumour became dissipated, the opening closed, the discharge decreased, digestive functions improved, strength and health re-appeared, and the young man acquired *embonpoint*.

*Obstinate Constipation at length cured by Air Injections.* By Dr. GERLACK, of Czarnicow.<sup>1</sup>—A feeble scrivener, 18 years of age, bearing the marks of confirmed scrofula, experienced on the 31st of August (1837) loss of appetite and nausea; the tongue was coated, and some pain present in the abdomen. He took an emetic, principally of ipecacuanha, with some admixture of antimony, and vomited mucus and then bile. As the bowels were not moved, he was ordered the next day a solution of epsom salts, and warm aromatic herbs were applied to the abdomen. Dr. G. then left him for several days, during which the patient took, of his own accord, glauher salts and infusion of senna, without producing an operation. On the 7th of September, when visited again, he was found throwing himself about in agony, his countenance expressing great anxiety; the tongue was covered with a mucous coat at the edges, dry and red in the centre; the breath was fetid; the pulse rapid, small, irregular; offensive eructation; retching and vomiting of mucus and of the liquids swallowed to alleviate the thirst; the abdomen spasmodically contracted; the mesenteric glands hardened; pain over the whole abdominal surface, especially on the left side of the navel, where, however, no swelling could be detected; the urine sparing and deep red; the patient exhausted by pain and loss of sleep. Dr. G. learned that the patient, previous to the invasion of the disease, had eaten freely of fruit, and especially a large quantity of unripe pears, with the skins and seeds; and as the most careful examination furnished no evidence of rupture, was disposed to consider the case as obstruction of the canal by undigested food, which had by its continuance produced inflammation of the intestine. In this view we directed twenty leeches to be placed on the most painful part of the abdomen, a powder to be taken of six grains of calomel with one grain of hyoscinamus, and an evacuant injection containing vinegar and salt. These remedies proving insufficient the calomel was given in a ten-grain dose, to be repeated in two hours, and air injections prescribed. The latter proved very painful to the patient, but after being frequently repeated, so as obviously to distend the abdomen, at length brought away a large quantity of hardened feces, including several cherry stones, and numerous undigested portions of pears with the seeds. Voluminous stools followed this evacuation, the disease assumed a favourable aspect, and perfect cure followed in a few days on this simple treatment.

*Case of Lead Colic, followed by Intermittent Diarrhœa.* By Dr. CLESS, of St. Catharine's Hospital, at Stuttgart.<sup>2</sup>—A man, 32 years of age, came into the hospital, affected with lead colic and paralysis, for the fifth time within six years. After the colic had been relieved, and the palsy considerably benefited by the employment of strychnine externally, combined with aromatic baths, there occurred on the 23d of August (1836) diarrhœa, with paralysis of the sphincter ani. On the 8th of September, the evacuations suddenly ceased, and gave place to a state of mind bordering on fatuity, which continued till the 15th. On this day the loose evacuations recurred, but the intellect of the patient was restored, and as suddenly as it had previously been impaired. The extremities, however, soon became cold, and the patient sunk. From one to two ounces of clear serum was found in the lateral ventricles of the brain.

*Fatal Nephritis occasioned by a common Fly Blister.* By Dr. NIEMANN, of Magdeburg.<sup>3</sup>—Charles B., ætat. 5, was ill with catarrhal fever and hoarse cough. During the night exacerbation of the symptoms took place, and the parents called in a country surgeon, who ordered a large blister. One of

<sup>1</sup> Med. Zeit. v. Vereine f. Heilk. in Pr. 1838, Nr. 3.

<sup>2</sup> Med. Corres. bl. d. Würt. ärztl. Vereins. Bd. vii. Nr. 119.

<sup>3</sup> Leipsig Summarium der ges. Med. Feb. 1838.

the size of two hands was laid over the whole chest. Called to him the next day at noon. Dr. B. found vesication extended over the whole epigastrium, and portions of the ointment still adhering. The child had high fever, pain in the course of the ureters, and stoppage of water. Dr. B. directed the remainder of the ointment to be washed off with warm water, warm fomentations, leeches to the region of the kidneys, and an emulsion of poppies with camphor. The pain however increased, priapism took place, the prepuce became œdematous, and the trunk, feet, hands, and face swelled. The pulse was now small and thready, and the skin cold, with clammy sweats. The child passed the night without sleep, notwithstanding an opiate. The pain in the left nephritic region became insupportable. The urine was passed by drops and bloody. The case terminated fatally the fourth day. Dissection disclosed inflammation of the peritoneum and left kidney, the substance of which was deep red; no urine in bladder; no trace of gangrene in the cavity of the abdomen. The case was obviously one of nephritis, induced by absorption of cantharides, and suspending the urinary secretion, whence general anasarca. This is one of many warnings on the application of blisters to children.

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*Extra-Uterine Foetation. Gastrotomy. Cure.*<sup>1</sup>—On the 15th of September, 1837, Dr. Zwaneck, of Hamburg, was called on to attend a female, who had experienced labour pains for the last three days; on examination he discovered an extra-uterine pregnancy. Gastrotomy was performed on the following day; an incision, five inches in length, was made along the linea alba, and the chorion exposed, which presented a tendinous appearance; the membranes were now divided, and the foetus brought into view, but the incision was found to be too small to admit of its extraction; the opening of the abdominal parietes was, therefore, enlarged by half an inch, when the foetus was removed without difficulty; in a few moments more the placenta presented between the edges of the wound, and was also extracted. The wound was united by five sutures, and after a lapse of three weeks the woman was perfectly well. The child also survived, and at the time of the publication of this case was a strong healthy boy.

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#### BOOKS RECEIVED.

History of the Controversy in the University of the City of New York; with original documents and an appendix. By the Professors of the Faculty of Science and Letters. 8vo, pp. 78. New York, 1838.

*From Dr. Oppenheim, in Hamburg.*—Zur Jubel-feier des Professor Emeritus Dr. Johann Busch in St. Petersburg, am 26sten Mai, 1838. Mit dem Bildnisse des Jubilars. 4to, st. 32.

Zustand oder Richtung und Leistung der deutschen Medicin im Jahre, 1837, mit besonderer Beziehung auf Journalistic. Ein literär-historischer Versuch von Dr. E. Nathan, practischem Arzte in Hamburg. (Aus Fricke's und Oppenheim's Zeitschrift f. d. gesammte Medicin, Band 8, Heft 3.) 8vo, s. 71. Hamburg, 1838.

Ueber den Zustand der Heilkuude und über die Volkskrankheiten in der europäischen und asiatischen Türkei. Ein Beitrag zur Kultur-und Sittengeschichte von Friedr. Wilhelm Oppenheim, Doctor der Medicin und Chirurgie, u. s. w. 8vo, s. 144. Hamburg, 1833.

<sup>1</sup> Casper's *Woch.*, Archives de Méd., June, 1838, and Lancet, Sept. 1, 1838, p. 801.

## AMERICAN MEDICAL INTELLIGENCER.

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## ART. I.—PHYSIOLOGY OF THE IRIS.

BY JAMES BOLTON, M. D., OF BALTIMORE.

In the absence of absolute demonstration of the true structure of the iris, we should pursue the method which has been frequently pursued in such cases with the most beneficial results to science, viz., to adopt the theory which will satisfactorily explain most of the phenomena. Let us then examine the principal phenomena observed with regard to the iris. It contracts on the admission of light through the pupil of a healthy eye, and expands when the light is obscured. Its action is involuntary, although a control of it by the will is possessed by some individuals, and some of the inferior animals. The proximate cause of its contraction is the sensation conveyed to it from the retina caused by the direct action of light on this nervous expansion. It is therefore incorrect to argue as some do, that the iris is a muscle, because it contracts on the application of its appropriate stimulus, and that stimulus is light, for the iris is insensible to the direct action of light. In order to ascertain how this contraction is brought about, we must first investigate the nervous connection between the retina and the iris. Does the impression made on the retina travel along the optic nerve to the brain, and through the connection between the third and fifth pairs with the ophthalmic ganglion to the iris? Certainly not; for the brain does not take cognisance of its motions. Brodie has seen the iris contract from the presence of light, and dilate from its absence, although the patient lay in a state of complete insensibility, and did not seem to be at all conscious of the impressions made on the retina.<sup>1</sup> Hennen has even seen these phenomena reversed, the iris expanding on the admission, and contracting on the exclusion of light.<sup>2</sup> The impression then evidently travels along the optic nerve to the brain, but in its passage affects the ophthalmic ganglion seated upon this nerve, and thence is transmitted along the ciliary nerves to the iris. For this purpose this ganglion has been placed very near the ball of the eye, and is very closely and firmly adherent to the optic nerve, almost surrounding it like a sheath. It is not necessary that the ganglion and nerve should have connecting filaments in order that nervous sensation might be transmitted directly from one to the other; mere apposition is sufficient, as has been proved by dividing nerves and placing their ends in contact. The ciliary nerves belong to the ganglionic system, except those branches which are derived from the first branch of the fifth pair. The connection of the third and fifth pairs of nerves with the ophthalmic ganglion should be considered merely as secondary, and by no means to possess the influence ascribed by some,—for instance, Walker, of Manchester, attributes the power of contracting to the fifth pair, and of dilating to the third pair.<sup>3</sup> As well might all the phenomena of the great sympathetic be attributed to its connection with the external motor and vidian nerves. This idea has arisen from the erroneous supposition that the union of these

<sup>1</sup> Cooper's Surg. Dict.  
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<sup>2</sup> Ibid.

<sup>3</sup> Dunglison's Human Physiology.

two nerves formed the sympathetic, while they are only two of the numerous connections between the ganglionic and cerebro-spinal systems. Besides, the ophthalmic ganglion is fairly connected with the rest of the ganglionic system by a branch which passes to it from the superior cervical or cavernous ganglion.<sup>1</sup>

We now come to the main question: by what means are the contraction and dilatation of the pupil immediately produced? The only modes of explanation adopted at present are the two following: the one that it is an erectile tissue, and the other that it is muscular and composed of two sets of fibres, one radiating and the other circular. The first mode I do not think at all satisfactory, and its advocates are far less numerous than those of the second. The motions of the iris are by far too rapid to be accounted for in this way, and no contrivance has ever been discovered by which its sudden injection with blood and the sudden withdrawal of the blood can be accomplished. The dilatation of the pupil, when the head and face are gorged with blood as in apoplexy, and the effects of injuries of the brain, and its contraction when these are relieved by blood-letting, I consider an insuperable objection to this theory. Brodie has frequently observed the dilated pupils to contract after the abstraction of blood in cases of compression of the brain, and to dilate again as soon as the immediate effect of blood-letting had ceased.

We will next consider the theory of the muscularity of the iris. The evidences in favour of this theory are much more satisfactory. The iris has been made to *contract* by the application of the galvanic stimulus,<sup>2</sup> and this we consider equivalent to a demonstration of the existence of a sphincter muscle. In further confirmation of this view, most of the best authorities admit a set of circular fibres, although it should be recollected that the proof of their mere existence is very different from that of their muscularity, which some have strangely confounded. Travers considers the iris a proper sphincter muscle,<sup>3</sup> and it is considered to possess such a muscle by all who admit its muscularity. We therefore consider the point settled, that the iris contracts by a sphincter muscle. The only point then remaining to be settled is, how the dilatation is produced. The advocates of the muscularity of the iris have generally considered that the dilatation must necessarily be produced by the same cause as that which produces contraction. It is true that many distinguished anatomists have admitted a set of radiating fibres, but we should be cautious how we attribute muscularity to any organ merely because it is fibrous. The cellular tissue may be drawn out into fibres, fasciæ: tendons, nerves, &c., are fibrous, but they are not therefore muscular. But besides having a fibrous structure the iris dilates: and these two circumstances, so far as they go, show that it possesses a set of radiating muscular fibres. Let us apply this theory to the phenomena. In amaurosis the pupil is permanently dilated. Now, can it be conceived that a muscle can remain for twenty, thirty, or forty years in a state of constant contraction? The idea is totally inadmissible. This disease is a paralysis of the nerve of vision, and in no way affects the nerves of the iris; we shall presently see why then the iris is at all affected in it. Belladonna and stramonium also cause dilatation of the pupil. This effect, when they are applied externally, is no doubt produced by their action being transmitted by those branches of the first branch of the fifth pair, which supply the conjunctiva and eyelids, to the ciliary branches of the same nerve. Do these substances, therefore, paralyse the circular fibres, without in the least degree affecting the radiating, and these latter then act constantly? I cannot conceive it at all probable that these powerful narcotics would thus distinguish between these muscles, when both (if they do exist) are supplied by the same nerves. I know this latter point also is contested, but there is no proof adduced of a different arrangement.

<sup>1</sup> Meckel, Cloquet.<sup>2</sup> Duglison's Human Physiology.<sup>3</sup> Ibid.

It is merely an invention to explain a difficulty which can be much better explained in a different way. Besides, the theories of Magendie and Bellingeri, who contend for a different supply of nerves for each muscle, are directly opposed to each other as to which nerve goes to the contractor and which to the dilator. The iris has not been known to dilate from the galvanic stimulus. From all these circumstances we conclude that the idea of a dilator muscle in the iris is incompatible with some of its most important phenomena. Now, if we admit the radiating fibres to be elastic, we have an easy and satisfactory explanation of all the phenomena. In amaurosis the optic nerve no longer receives any impression, and none consequently is transmitted to the iris. The sphincter is therefore passive, and gives up the iris entirely to the power of the elastic fibres which dilate it. Expansion of the iris from belladonna is caused by a direct paralysis of the ciliary nerves, while the nerve of vision is not affected. A difficulty here presents itself, how the pupil is kept in a state of contraction for so many hours each day, if this be produced by a muscle. This difficulty, however, is readily explained. The sphincter is relieved from a state of constant contraction, 1st, by our passing through different shades of light causing slight contractions and dilatations; 2d, by winking, which we do involuntarily every few seconds. When the eyelids are closed the pupil dilates, and on opening them it instantly contracts. This is the principal mode of resting the sphincter, and shows that the action of winking possesses a highly important use, besides that usually ascribed to it. That this momentary rest is sufficient is proved by analogy. The wings of some birds and insects move several thousand times in a minute, and yet the intervals between the contractions are sufficient to rest the muscles. 3d. During sleep, this muscle, together with the rest of the whole muscular system, rests and renews its strength. The eminent anatomist, Dr. Wistar, taught the same doctrine as that which I have advocated, to which Dr. Physick made the following objections:—1st. That as elasticity is as much a property of dead as of living matter, after death we should always find the pupil dilated. 2d. In cases of concussion of the brain, where there is a sudden loss of sensibility and of muscular motion, the pupil should be invariably dilated; but the fact is that it remains just in the same state that it was at the time of the accident.<sup>1</sup> Now I think that Dr. Physick has been extremely unfortunate in the selection of his objections; for as to the first, one of the most commonly observed evidences of dissolution is expansion of the pupil; and as to the second, I do not think his remark well ascertained; at any rate it is not sufficient, for concussion of the brain does not necessarily affect either the optic or ciliary nerves, and in fact would not be likely to affect them; and on these nerves alone, I have already shown, the motions of the iris entirely depend. Besides, I will oppose to the last objection that dilatation of the pupil is a common symptom of *compression* of the brain, in which case there is a loss of sensibility in the optic nerve. To show, also, how independent the iris is of the rest of the muscular system, I introduce the remark of Brodie, that “after injuries of the brain the pupil sometimes remains permanently dilated, even after the general insensibility has passed off, and without loss of vision.” Now in this case there was evidently a loss of sensibility in the ciliary nerves, without any such loss in the optic.

The following experiments will, I think, prove incontestibly the theory here supported. If a fresh eye be cut through parallel to the iris, and a little way behind it, and the front half be immersed in water, the elasticity of the iris may be proved by stretching it toward the pupil, and it will be found to resist and to return to its former position immediately on being relieved from this state of tension. The second experiment is still more conclusive. It occurred to me that if the mechanism of the iris were such as I have been endeavouring to prove, I might weary the contractor muscle

<sup>1</sup> Horner's Special Anatomy, vol. ii., p. 412.

by preventing the eye from winking for a considerable time. Accordingly, having a bright lamp placed about a foot from my left eye, I kept the eyelids open with the thumb and forefinger of the left hand. Then holding a mirror a few inches from the eye, I closely watched the iris. In a few seconds there was a smarting sensation, attended by involuntary attempts to wink. Immediately the pupil expanded, and then quickly contracted. For two or three minutes alternate contractions and expansions took place incessantly, and then the pupil remained for a few seconds widely expanded, giving to the eye an amaurotic appearance. A partial contraction then took place, followed by an immediate expansion. In two or three seconds contraction again took place, closing the pupil about as much as at the commencement of the experiment. The contractions and expansions were again incessant for about a minute, when the experiment was concluded. I have repeated this experiment several times on my own eyes and others, and always with similar results.

I lately attended a child with convulsions, followed by a loss of action of the entire muscular system, which lasted for a considerable time. While the patient was in this state, the eyelids remained open, and I observed precisely similar phenomena to those above described.

Analogy also shows to us a similar contrivance in the heart and arteries, which are very liberally furnished with nerves from the ganglionic system; and in the chest, too, the elasticity of the cartilages which unite the ribs with the sternum, expands the chest after the intercostal muscles have ceased to act.

If, then, I have been successful in proving that the theory of the elastic and muscular structure of the iris is most consistent with the phenomena observed in that singular organ, we should adopt it; and when we meet with cases to which it is difficult to apply it we should set them aside for further investigation, by which perhaps they may be reconciled.

JAMES BOLTON.

## ART. II.—SUCCESSFUL DIVISION OF THE ADDUCTOR LONGUS FEMORIS MUSCLE, *for Deformity and consequent loss of motion in the Inferior Extremity.*

BY PAUL F. EVE, M. D.,

Professor of Surgery in the Medical College of Georgia.

[We have much pleasure in publishing the following article from the pen of an able southern surgeon. It was written for the Southern Medical and Surgical Journal, but will appear contemporaneously in this periodical.—Ed.]

In No. XI. of Vol. II., page 671, of this journal, (Southern Medical and Surgical,) the editor has been pleased to make the following remarks, concerning an operation, the result of which I now design presenting the profession,—“We are happy to have it in our power to remark, that a few days previous to that on which the Gazette Medicale came to hand, which contained the following case and operation of M. Lutens, a case of similar nature was presented for the inspection of the Professor of Surgery in the Medical College of Georgia, Dr. P. F. Eve, who at once decided on an operation for extirpating the diseased and disorganised muscle, and his patient is now under preparation for the operation. The muscle affected in this case is the adductor longus femoris, causing an inconvenient and distressing adduction of the left lower extremity. The particulars of this case we hope to afford our readers in a future number of this journal. Dr. Eve has not yet seen the March number of the Gazette Medicale.” The operation is then described as performed by M. Lutens, Surgeon to the hospital

at Antwerp, upon a sailor, for retraction of the leg, the notice of which in the French journal concludes by stating that a similar operation has subsequently been executed with success by M. Duval, of Paris.

It was in the latter part of last May (1838), that the patient upon whom I have just operated, called upon me. The editor of the Southern Medical and Surgical Journal has correctly stated, that I had not then seen a notice of the operation of M. Lutens. This case was published in one of the March numbers of the Gazette Medicale de Paris, which did not reach here until June, a few days after it had been decided in consultation, with Professors Antony and Newton, to operate on my patient. Dr. Newton, after our meeting, addressed me a note calling my attention to the number of the French journal just mentioned. This was the first intimation I had of the case of M. Lutens.

The two cases, however, differ materially. In that of M. Lutens as well as in the one of M. Duval, the Stromeysrean principle, (the division of a *tendon* to cure deformity and consequent loss of motion,) was simply acted upon; while in the case in which I operated, a *muscle* was divided. Again, they operated to remedy a defect of the leg; I for that of the thigh. Their operation was near the femero-tibial articulation; mine near the coxo-femoral.

The history of my patient previous to his application to me, is presented in the following letter,—“From infancy to fourteen years of age, I was strong, active, and remarkably healthy, and of good constitution. When fourteen, or about that period of life, I practised night-hunting to a great extent, and occasionally fishing; would sometimes lay on the wet ground, or remain on the banks of muddy creeks all night. In the month of February, 1829, I felt one evening, an aching in the left side of my shin-bone, and a sharp ketch on the inside of my thigh, with acute pain whenever I moved off a high step. At night the contraction in my thigh became very violent, and the pain extended from the groin to the knee. The first two or three weeks of the attack, the suffering was so excruciating that it rendered me almost senseless. At the expiration of this time the pain gradually moderated. I lay on my back with my legs drawn half up for four months, without my position being altered; after which I was able to be turned on my right side with a pillow between my knees. At the end of six months the pains entirely subsided, but left me drawn up as before described. I was now lifted out of bed, and gradually improving; I ventured to use crutches. The contraction was such that for a long time I could apply only one half of my left foot to the ground—it was about eighteen months before I walked at all without a stick.

“During the first year I was up, there came a small ulcer or sore, discharging bloody matter, just below the left buttock. I attributed it to my sitting so much.

“In the commencement of the attack, Dr. Alexander Jones, then of Lexington, Geo., was my physician. I have also applied a multiplicity of remedies to my thigh, but all to no purpose. I at length resolved to let nature take her course, and for the first five years I made considerable improvement, though it was always with great inconvenience, stiffness, soreness, and pain, that I took exercise. For the last three years, I have been pretty much upon a stand; if any thing, getting worse.

“It has now been more than eight years since this disease has been seated in my left hip or thigh, and I have not been able, for the time mentioned, to ride a horse half a day without great soreness and contraction of the limb affected, apparently shortened at times two or three inches. I have also not been able to walk half a mile without debility, and the least exercise would produce great suffering. I walk with my foot turned in, which increases more and more as I exercise.

(Signed)

ALLAN A. BEALL.”

October 21, 1838.



On the 30th of May last, having procured a suitable place for my patient, I made a minute examination of his case. He had a considerable limp in walking, more especially when he commenced to walk, and invariably used a stick. He is a very muscular and robust man, aged 22. His left extremity was full one inch shorter than the other, nor when placed in the horizontal position, would traction reduce it much. Both the thigh and leg are much smaller than the right. The foot was turned inwards, and the whole limb inclined in this direction. The foot could not be carried out farther than about twelve inches from the median line of the body. There was a small depression and a round cicatrix near to the left ischium. In the internal and upper third of the thigh there was a *hard substance*, feeling like a hempen rope situated just under the skin. It was about four inches long by one and a half broad. However relaxed the thigh might be made, this diseased mass still presented the same resisting, insensible, cartilaginous hardness. It could be isolated from the surrounding tissues, all of which appeared to be normal. It was taken for a fibrous degeneration of the adductor longus femoris muscle. The shortening of the limb was attributed to the permanent disorganisation of this muscle, with the inclination of the pelvis from long habit. There was no symptom of disease in the hip-joint.

Before resorting to an operation, it was deemed prudent to place Mr. Beall upon a treatment, with the view of effecting some change, or of ascertaining something of the nature of his disease. This consisted chiefly in the use of warm bathing, heated vapour, and the most stimulating liniment, which were continued for about twenty days, without producing any appreciable benefit. Mr. B. then left for his home, in the interior of Georgia, to make his arrangements for the operation, which had at first been proposed to him.

He again called upon me early in October, and submitted to the operation the 9th of this month. Assisted by Professors Dugas and Newton, an incision was made, commencing at the pubis and cutting upon the internal edge of the affected muscle, and extending it about five inches, in a semi-lunar direction. The surface of the adductor longus was then exposed, and cautiously divided with the knife and a pair of scissors, about three inches below its origin from the pubis. The upper portion was found to be converted into a fibrous tissue, which slightly grated under the knife, but the portion below the section contracted, so as to separate the cut edges of the muscle about an inch. Its degeneration, therefore, did not extend throughout its whole length, but the muscular tissue appeared to be healthy an inch below where it was divided in its course to be inserted into the os femoris. We removed from the upper portion a small section for a pathological specimen. Two small arteries required a ligature. The wound in the skin was closed by adhesive plaster, and a compress and roller completed the dressing. The patient was put to bed, and a two pound weight attached the next morning to the left foot, and allowed to hang out of the bed-clothes over the back of a chair, so as to make traction in a horizontal direction.

There was no material alteration in the length of the limb until the next day, when it commenced gradually elongating, so that when dressed on the fourth day after the operation, the difference between the two lower extremities did not exceed a quarter of an inch. At the end of a week, even this difference had disappeared, and Mr. Beall commenced using the limb. His friends, Dr. Wm. Butts, of Warrenton, and Dr. Joel Branham, of Eatonton, visited him during the second week of his confinement, and did not remark any difference in the length of the two extremities. On the fifteenth day after the operation, my patient was out in the streets walking about, with scarcely any impediment; and on the 28th of October, the nineteenth day since the division of the muscle, he returned home on the Georgia railroad.

The left inferior extremity has not only been restored to its original length, but all its motions have been so far regained that the patient, before his departure from the city, could turn the foot and carry the leg and thigh

outward to nearly the same extent, and with almost as much freedom, as on the sound side; he was daily improving in these respects, and is in a fair way of realising from the operation all the benefits that had been proposed.

Supposing the disease for which the operation was performed in this case to have been the result of acute rheumatism, may not similar cases be relieved by *surgical*, in addition to medicinal treatment?

### ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

*Case of Effusion of Serum between the walls of the Abdomen and the Peritoneum (from an injury); complicated with Pleuritis and Enteritis.*  
Reported by A. M. VEDDER, A. M., of Schenectady, New York, Senior Resident Physician.

Thomas McGraw, ætat. 66, entered Medical Ward, No. 3, July 3d, 1838. Is a native of Ireland, and has been in America forty-four years. Is a tanner by trade; of very intemperate habits.

During the last winter has had some difficulty in urinating; was obliged to exert himself for several minutes before the urine would flow.

He entered the Surgical Ward on the 1st of June, for an injury received in falling from a fence. It cannot be ascertained whether he complained of pain in his abdomen at that time or not. Says, however, that he had pain there six weeks since. Diarrhœa began on the 1st of July.

At his entrance complained of pain in the left side of the abdomen, and in the chest of the same side. Was short of breath also. The left side of abdomen was then somewhat swollen and tense; and the cellular tissue covering that part was infiltrated—pitting on pressure.

On the 3d, he took castor oil and laudanum, and was cupped over the painful part; the cupping being followed by a hop poultice.

On the 7th, the diarrhœa having increased, he took hydrarg. chlorid. mit. gr. i., and pulv. ipecac. et opii, gr. ii., four times daily. The affected part gradually becoming more prominent and tense, but the external infiltration ceasing. The diarrhœa now became worse; six to eight stools daily. Strength diminishing; the difficulty in urinating continuing.

His condition on the 12th of July was as follows:—Intellect dull; frame muscular, somewhat emaciated; decubitus inclined to the left side, with the thighs partly flexed on the abdomen; complains of debility; face slightly flushed; expression anxious; moans at times; no appetite; thirst; cough slight; tongue tremulous, covered with a brown coat in the middle, and whitish at the edges, rather dry; no vomiting; respiration high; right side of chest moves more than the left; pulse 96, full and soft; skin cool and soft; complains of pain in the abdomen; has had eight or ten stools in twenty-four hours (took an ounce of castor oil last evening); passes his stools in bed; sleeps badly, and is delirious at times; general tenderness of abdomen, especially at the left of the umbilicus; left side full and prominent, tense and resisting; percussion flat from the ileum to the nipple throughout this side, commencing one inch to the left of the median line; fluctuation decided throughout this portion.

Chest.—Percussion flat at the inferior third of the left side posteriorly, then dull, and becoming more resonant as we ascend; respiration very feebly heard at the inferior third—at the middle third less loud than on the corresponding portion of opposite side; ægophony here doubtful; percussion on the right side resonant throughout, both anteriorly and posteriorly; respiration normal; percussion, anteriorly, on the right, resonant to the fourth rib, flat below (sitting).

The prescription of the 7th was continued, and he was ordered the following pills:—R. Hydrarg. chlorid. mit. gr. i.; p. ipecac. et opii, gr. ii.; ut fiat pilula quater in die sumenda. Good diet, and a small bottle of porter. Hop poultice to the side.

On the next day there was wildness of expression; moaning at times. He was delirious on the 12th and during the night; slept very little; decubitus as before; strength diminished; anorexia; thirst increased; cough slight. Vomited last evening after taking his porter. Stools became more frequent at 4 P. M.; seventeen stools in twenty-four hours, of a light green colour—no blood, but slime in “strings.” Discharges fetid. Urine, about a pint in the twenty-four hours; red, with white flocculi floating in it resembling gruel, amounting to half a gill in the pint. Abdominal tumour rounded and more prominent, also more tense and painful; fluctuation very evident; flatness on percussion now extends beyond the median line; respiration high, 30; tongue coated, moist; pulse 84, more feeble; skin cool; no redness of tumour, the temperature of this side higher than the other.

Still passes his stools in bed.

He was ordered six ounces of wine, to be made into whey; beef essence, and a poultice to the side.

In the evening he was more feeble and short breasted. Abdominal swelling more developed; at its upper part, near the scrobiculus cordis, it extends an inch and a half beyond the median line, and is here apparently more soft than elsewhere. No chill; delirious at times; sleeps badly; one stool since last note; pulse small, 90 per minute; skin cool; moaning.

Omittantur pilulæ.

The whey and essence were directed to be continued. He will not suffer the poultice to remain on his side.

July 15th.—Expression more anxious; respiration more laboured, 36; slept very little, delirium continues; two stools last night; tongue dry and chapped; thirst; pulse 78, small; no œdema of legs; tumour as before.

Continuentur remedia.

In the afternoon preceding his death, his expression was haggard; moaning constant; rattling in the throat; tongue dry, lies with his mouth open; respiration performed almost entirely by the right side, laboured and high, 42; pulse 90, more feeble; tumour more prominent; percussion flat to the median line, and painful. Lies partly on the left side, with his legs drawn up; delirium continues; one thin stool; no chill; has vomited two or three times; urine of about the same quantity and character as described in a previous note—it does not coagulate by the addition of nitric acid. Complaints of pain in abdomen.

Died July 16th, at 11 o'clock, P. M.

*Necroscopy twelve hours after death.*—Exterior: Large skeleton; moderately emaciated. Left side of abdomen distended; more prominent at the lower portion.

Fluctuation very evident.

On making a puncture about midway between the short ribs and the crest of the ilium, there flows out a thin reddish fluid, without odour—about two gallons. On opening the abdomen the fluid is found to have been contained in a cyst between the parietes of the abdomen and the peritoneum lining it. The cyst does not communicate with the cavity of the peritoneum. The intestines, except the descending colon, are thrust into the right side of the abdomen; the left kidney is found lying on the vertebra. The peritoneum involved is thickened and injected. Within the cyst, the peritoneum, in spots, is covered with shreds of lymph; the cyst is found to extend from the cavity of the pelvis to the diaphragm. There are also numerous large coagula of blood mixed with a purulent matter. That part of the cyst formed by the parietes of the abdomen is in part smooth. No fracture of the ribs or other mark of external injury can be discovered.

Small Intestines.—Contain a greenish fluid. The superior portion, for

the distance of two feet, is tinged with bile. In the inferior portion there are patches, some of them six inches in length, which present a vascular injection of the minute vessels. No ulcerations. Mucous membrane rather soft.

Large Intestines.—Are healthy.

Bladder.—Is distended with urine, containing flocculi resembling gruel; its coats are thickened, and its fibrous bands larger than usual within the bladder. At the mouth of the urethra is a hard lobated body, partially divided into three portions; a right, left, and inferior lobe, of nearly equal size, each as large as a small chestnut; they are of the colour of the internal coat of the organ (white). The prostate is larger than usual.

Chest.—Left lung presents some old adhesions. It is contracted, corrugated, and covered with newly formed lymph, and about one half as large as the right lung. This side of the chest contains about a pint and a half of straw-coloured serum, with a few flakes of lymph floating in it. The pleura costalis is finely injected. The lung is gorged with a red spumous serum, which runs out copiously from the cut surface; the tissue is soft and easily broken down.

Right Lung.—The tissue presents the same characters as the left.

Heart.—Rather larger than the average size, and spleen very soft.

A. M. VEDDER.

#### ART. IV.—GRANVILLE ON COUNTER-IRRITATION.

On the cover of the last number of the "Intelligencer" was the following notice by the editor.

"In answer to our correspondents who have enquired of us respecting the precise formulæ employed by Dr. Granville to excite counter-irritation, we must express equal ignorance with themselves. It is much to be regretted for the sake of Dr. Granville's professional reputation, that there is so much evidence of empirical concealment in his work. He has occupied a conspicuous station amongst his professional countrymen, which cannot but be materially injured by the course he is now pursuing.

"Persuaded from our own observation of the eminent advantages to be derived from counter-irritation, even when employed singly, and being on the point of estimating the subject numerically, at the moment when we received his volume, we deemed it well to promulgate the principle enforced by him, notwithstanding the precise mode of carrying it into effect was not mentioned.

"We are convinced, both from observation and reflection, that it is not important for the formulæ to consist of any particular proportion of the excitant ingredients, provided only that they are adequate to the production of the requisite amount of local irritation."

Since these remarks were written, the London Lancet, for October, has arrived, containing a letter from Dr. Granville, educed by the strictures of his brethren in England, on his unprofessional concealment of his preparations. He states that he addressed his work to the public to impress all with the value of the agent, but that it would not have been wise to give precise formulæ to them who could not estimate the proper proportions of the ingredients: that every physician can apportion them; that he had never concealed the formulæ from his friends, and always intended to give them to the world.

The following are the formulæ of his "antidynous" preparations—as he

calls them—which all will admit he should have given before. We will take an early opportunity of presenting them, so that they may be appended to the work as printed in the "Library."

Each kind of lotion consists of three ingredients:—

- 1st. *The strongest liquor of ammonia, A.*
- 2d. *Distilled spirit of rosemary, B.*
- 3d. *Spirit of camphor, C.*

#### PRELIMINARY STEPS.

##### A.

Saturate a given quantity of distilled water, contained in a glass receiver surrounded by ice, with ammoniacal gas, obtained in the usual way from a mixture of equal parts of hydrochlorate of ammonia and recently slaked lime, both reduced to a fine powder. The water may be made to take up nearly 800 times its bulk of ammoniated gas under the circumstances described; its specific gravity will then be about 872, and 100 parts of it will contain thirty-three parts of real ammonia, according to Sir H. Davy's tables. This solution of ammonia will, therefore, be more than three times the strength of the *liquor ammoniæ* of the Pharmacopœia of London, 100 parts of which, at a specific gravity of 960, contains only ten parts of real ammonia. I have, therefore, called mine "*liquor ammoniæ fortissimus*."

##### B.

Take two pounds of the tips or small leaves of fresh rosemary, and eight pints of alcohol; leave the whole in infusion for twenty-four hours in a well covered vessel, and after adding a sufficient quantity of water as will just prevent the empyreumatic smell, distil over *seven* pints. The Pharmacopœia of London directs the essential oil of rosemary to be distilled instead with rectified spirit. Such a preparation I found unsuited for my purpose.

##### C.

To four ounces of pure camphor add two pints of alcohol, so as to dissolve the camphor, which solution should be filtered. The present *tincture of camphor* of the Pharmacopœia of London, contains one ounce more of that substance, and does not harmonise so well with my two other ingredients as the weaker preparation.

The three ingredients, thus prepared, every medical man should keep always ready at hand, in well-stoppered glass bottles, so as to be able to make, extemporaneously, a counter-irritating lotion of any requisite strength, according to the nature of the case requiring that application on extraordinary occasions. But for the ordinary purposes detailed in my work, it will be better to keep both a milder and a stronger ammoniated lotion ready prepared for use.

#### *The milder Ammoniated Lotion.*

Assuming the quantity of lotion desired to be divided into *eight* parts, then the proportions of the ingredients will stand thus:

- A—four eighths,
- B—three eighths,
- C—one eighth.

#### *The stronger Ammoniated Lotion.*

If the quantity desired be also divided into eight parts, then the proportions of the ingredients run as follow:—

- A—five eighths,
- B—two eighths,
- C—one eighth.

Although the changes of proportion here may be deemed trifling, yet the strength of the lotion is such, that I never employ it, except in cases of apoplexy, and for the purpose of cauterisation.

*Directions in mixing the Ingredients.*

A and B are gradually mixed together. The mixture becomes opalescent and somewhat turbid, and a peculiar, highly agreeable, ethereal smell is given out, different from the individual odour of either ingredient, although the extreme pungency of the ammonia be still discernible. I have strong reasons to believe that, at this point of the operation, some particular change takes place, which imparts to the mixture of the two ingredients some of its valuable peculiarities as a counter-irritant described in my work; but what that change is, it is not my business to enter upon in this place: suffice it to say, that in a great number of experiments made with the ingredients separately, (for each of them acts as a counter-irritant on the skin,) and with them combined, the effects were uniformly different; those in the former case being found unequal to the production of those complete results which I trust I have justly promised to the profession. Ammonia alone (however strong) will not give rise to the effects I have described, though it has often stopped internal pain, and produced *small little blisters*; but never has it succeeded in almost immediately producing a full vesication, as I have seldom failed to produce with the two ingredients mixed together, particularly after the third ingredient has been added.

Before, however, that third ingredient is so added, it is desirable to clear the previous mixture, by the addition of a small quantity of alcohol, and to set the whole in a cool place. All the various precautions here mentioned may, upon an emergency, be dispensed with, when an immediate action is required, either to arrest pain or relieve deep-seated inflammation. But for the more delicate uses, particularly for instantaneous vesication, the preparations should be obtained in the manner I have specified.

The lotion must always be kept in bottles with a glass stopper; and their whole virtue depends on the accurate distillation and preparation of the ingredients, as well as on the careful admixture of the latter. The species of ethereal principle formed during the admixture, remains present in the lotion, but it is apt to vanish if the bottle be frequently opened, and then much of the peculiar effect of the counter-irritation is impaired. It is one of the many recommendations of these powerful preparations, that their effluvia, besides being agreeable, are of precisely that nature which is most likely to revive and benefit the patients labouring under diseases that require the application of counter-irritants. The compound camphor liniment is the only known combination of ingredients nearly similar to the ammoniated lotion just described. But the profession is well aware that the liniment will not produce, and never has produced, the effects I have predicated.

Among those effects, one of the most surprising is that of giving rise, in a space of time varying only between three and ten minutes, and in almost every instance, (if such a result be the desired object,) to as ample and full a vesication as can be expected in as many hours from the best Spanish flies. This is a result which I am not aware has been obtained before in so short a time, except by boiling water, (a remedy not quite so pleasant as the odour of ammonia); and on it, therefore, as well as upon its importance in the treatment of many serious disorders, I do take my stand, as also upon that of arresting nervous and muscular pain, almost immediately, provided it does not depend on structural disease."<sup>1</sup>

<sup>1</sup> Medical Examiner, Nov. 21.

# ART. V.—TREATMENT OF ELEPHANTIASIS BY THE BITE OF THE COBRA. DEATH IN TWENTY-FOUR HOURS.

[For the particulars of the following case we are indebted to our friend, Dr. Joshua J. Cohen, of Baltimore, who has kindly furnished us with the *Jornal do Commercio*, of the 6th and 11th of September, 1838, which contain it. The disease of elephantiasis is sufficiently loathsome, but it is strange that any one would subject himself to so dangerous a measure for its removal. We have but little doubt, that the powerful change effected in the sanguiferous system—in the whole system of nutrition indeed—by the morbid poison in question, might have been salutary, provided a fatal influence had not been excited. In all inveterate cutaneous affections, our endeavour is to modify the circulating fluid—where we administer internal remedies—so that it may exert a new influence on the whole function of nutrition; and what more powerful agent than that which is capable of being exerted by the poison in question, provided limits could be placed to its operation; which is of course impracticable.]

Dr. Cohen remarks, that the experiment has been made before; and that there is a tradition current in Cumana, where elephantiasis prevails in all its horrors, of a father, whose son was thus afflicted, obtaining a gourd, into which he placed a rattlesnake; and, calling his son, told him to put his hand into the gourd and he would be cured. The son did so; was bitten, and died. It is said that the father took this method of causing the death of his son. It is more probable that it was embraced under an old idea, that the disease would be removed thereby.—*Ed.*]

A man, 30 years of age, of ordinary stature, athletic form, and sanguineobilious temperament, had been affected six years with that species of elephantiasis, termed by Alibert leontina. The whole body, especially the extremities, was externally insensible; the skin was thick, hardened, wrinkled on its surface, and covered with tuberculous elevations, without ulceration; some pustules existed under the arm, which presented the aspect of itch, and indicated a complication with that disease. The character of the disease was most apparent and best marked in the face. In the extremities the epidermis and the nails had begun to change, and the fingers to curl up and alter their form. The mind remained unimpaired, and exhibited rather unusual activity and energy. But so dreadful had been his sufferings, and so small the prospect of relief, that the patient was willing to submit to any treatment and encounter any hazard, by which a chance of cure could be afforded. In this state of mind it was proposed to him by Dr. Santor to expose himself to the bite of the venomous cobra, with the faint hope that the introduction of a second poison into the system would serve to expel the existing morbid affection. He consented; the proper arrangements were made, and on the 4th of September, a little before noon, he received a bite between the root of the little and ring finger. The wound bled moderately, but was not painful till about fifteen minutes had elapsed. The symptoms of absorbed virus then went on to exhibit themselves in regular progression, but less rapidly than is usual in a healthy subject. At the end of an hour the whole hand was swollen, and the pain had extended to two thirds of the forearm. At 1½ p. m., chill; somnolence; constriction in throat; pain in tongue and fauces. At 2½, difficulty in swallowing and utterance; anxiety; sweat; epistaxis. At 3½, depression; flushed countenance; discharge of blood from pustule in axilla. At 4, general redness of surface, tending to livid, in bitten part; heat of surface; salivation. At 7.

sleep disturbed by groans. On waking, severe pain in chest; saliva viscid; discharge of a bloody fluid from the nostrils; deglutition suspended. At 9, sleep. At 10, some liquid swallowed; the tuberculous elevations in the arms and face were observed to be depressed; pain in chest less; deglutition free. At 12, disturbed sleep; painful cries; sense of heat in legs. From this time to 9 A. M., frequent swallowing of liquid and discharge of urine. The cries and expressions of pain continued. At 9, great prostration; convulsive movements of the jaw and inferior extremities; bloody urine. At 10, intermittent pulse; increase of convulsive movements; redness of surface less; respiration anxious. At 11 the convulsions ceased. Death at 11½. The body soon became excessively swollen, livid, and offensive, and no examination was attempted.

## BIBLIOGRAPHICAL NOTICES.

*Roe on Hooping-Cough.*<sup>1</sup>

The great object of this work is to recommend the hydrocyanic acid, a trial of which, upon several children suffering from hooping-cough, "was attended with such striking effects, that Dr. Roe could not entertain a doubt that this medicine possessed a *specific power* [?] over hooping-cough," p. viii. The result of all his trials convinced him, "that in warm weather it will cure almost any case of simple hooping-cough in a short time; that in all seasons it will abridge its duration; and in almost every instance, where it does not cure, that it will, at least, materially relieve the severity of the cough." p. x.

The remedy is not new as applied to this affection, and so Dr. Roe admits; but certainly no one has brought it forward with such panegyrics as he. It is proper to observe, however, that he never gives it alone. It is always combined with other agents, which have been recommended in the disease. The following are two of his formulæ:—

"1. For a delicate boy—four years old.

R. Acidi hydrocyanici (Scheele's)	℥ xii.
Liquoris antimonii tartarizati,	3 i.
Tincturæ opii camphoratæ,	3 iiss.
Misturæ camphoræ,	3 viiss. M.

Fiat mistura. Capiat cochlearium magnum quarta quæque horâ. To be given in some warm drink. The child to remain in a warm room, and to live upon light pudding and broth."—p. 96.

"2. For a healthy looking female child, five years of age.

R. Acidi hydrocyanici (Scheele's)	℥ xx.
Liquoris antimonii tartarizati,	3 iiss.
Vini ipecacuanhæ,	3 iiss.
Aquæ,	3 xiii. M.

Fiat mistura. Capiat cochlearium parvum secundâ quæque horâ."—p. 104.

<sup>1</sup> A Treatise on the Nature and Treatment of Hooping-Cough, and its complications, illustrated by cases; with an Appendix, containing hints on the management of children, with a view to render them less susceptible of this and other diseases of childhood, in an aggravated form. By Geo. Hamilton Roe, M. D., Oxon. Fellow of the Royal College of Physicians, and Physician to the Westminster Hospital. (With a motto). 8vo, pp. 258. London, 1838.



It need scarcely be said, that it is not easy to deduce satisfactory inferences as to the action of any one ingredient of a compound formula,—every article of which, it is presumable, has been added to effect some definite object.

The appendix “on the general management of children” strikes us as irrelevant, and has doubtless been added for his lay readers, for whom, as well as for the profession, the book was avowedly written.

—  
*Burdach's Physiology, Vol. 2.*<sup>1</sup>

The volumes of this admirable collection of physiological facts being on detached subjects, some of which are more pregnant with interest than others, have not all passed to a second edition at the same time. The volume before us is entirely occupied with the ovum, and intra-uterine existence, and necessarily, from its dimensions, contains almost all that has been said upon the subject.

Burdach's work has been recently translated by Jourdan, but the translation is of course wanting in all the additional matter contained in the *Auflage* before us. It ought to be in the library of every physiologist.

—  
*Pilcher on the Ear.*<sup>2</sup>

This work, from a respectable source, is divided into three parts. **PART I.** Embracing general observations, the Anatomy of the Ear, and the Physiology of Hearing. **PART II.** The Abnormal Condition of the Ear (including malformations and deaf-dumbness). And **PART III.** The Diseases of the Ear.

It is illustrated—not beautified—by several lithographic sketches of anatomy, diseases, and apparatus.

—  
*Carpenter's Principles of General and Comparative Physiology.*

We have been favoured by the author, Dr. William B. Carpenter, of Bristol, England—whose oration, delivered before the members of the Royal Medical Society of Edinburgh, we had occasion to notice in our last volume (page 251)—with the first three hundred and thirty-six pages of a new work on the principles of general and comparative physiology. The work will consist of four hundred and eighty or five hundred pages, and be illustrated by about two hundred and twenty figures on copper and wood. It is designed as an introduction to the study of human physiology, and seems to us to be well adapted for the purpose. It is divided into two books, the *first* embracing general physiology; the *second* special and comparative physiology, preceded by copious introductory observations on organised structures in general. When we have received the remainder of the work

<sup>1</sup> *Die Physiologie des Erfahrungswissenschaft. Zweiter Band.* Bearbeitet von Karl Frederick Burdach. Mit Beiträgen von Karl Ernst von Baer, Heinrich Rathke und Ernst H. F. Meyer. Zweite berichtigte und vermehrte Auflage, mit Beiträgen von Heinrich Rathke, Karl Theodor von Siebold und G. Valentin. Mit vier Kupfertafeln. 8vo, s. 845. Leipz., 1837.

<sup>2</sup> *A Treatise on the Structure, Economy, and Diseases of the Ear; being the Essay for which the Fothergillian gold medal was awarded by the Medical Society of London.* By George Pilcher, Lecturer on Anatomy and Surgery at the Theatre of Anatomy and Medicine, Webb street, Borough; and Senior Surgeon to the Surrey Dispensary. 8vo pp. 324. London, 1838.

we shall refer to it again. In the mean time we bespeak for it the physiological reader's favourable anticipations.

Dr. Carpenter is the author of several valuable physiological articles in the *British and Foreign Medical Review*, amongst which may be specified—one on the study of physiology as an inductive science, and another on the functions of the nervous system; both contained in recent numbers of that valuable periodical.

#### *Bristol Ophthalmic Dispensary.*<sup>1</sup>

This institution, which is under the surgical direction of Mr. Estlin, referred to in the next paragraph, appears to be in a flourishing condition, one thousand eight hundred and twenty-three patients having been admitted from January the 1st to December the 31st, 1837. The expenses appear to us small; the whole charge for rent of rooms, medicines, leeches, occasional lodging and boarding of patients, while under operations, &c., having amounted to £74 5s.—equal to about \$330 of our money.

*Vaccine Matter, ten removes from the Cow.*—We have been favoured by Mr. Estlin, and by Dr. W. B. Carpenter, of Bristol, England, with some vaccine matter, which was brought over by the Great Western. It would seem that the same confidence in the effects of vaccination is not entertained in England by many as formerly, and that a recent epidemic has affected many persons seriously, and even fatally, who had been deemed secure.

Mr. Estlin, having succeeded in procuring matter from the cow, has philanthropically forwarded a few points to us, and a few more have been sent to us by Dr. Carpenter. The vesicles, produced by this matter, are said to remind those who had an opportunity of seeing the Jennerian vesicles—when first produced on the introduction of vaccination—of the latter. It is but recently that we have received the virus, but already it has been inserted into the arms of a few children. The results we shall give hereafter, and should they be successful, an opportunity will be afforded for a fresh fount, which may supply the greater part of the United States.

The following is the *pedigree* of the virus, according to Mr. Estlin:—

1. The cow, discovered about Aug. 11, 1838.
2. Miss A., infected by milking.
3. Jane, inoculated from Miss A., Aug. 11, at the farm near Berkeley.
4. Stitt, vaccinated in Bristol, Aug. 23.
5. Stiff, Sept. 1.
6. W. Norris, " 12.
7. Frankham, " 19.
8. W. Webb, " 25.
9. W. H. Holden, Oct. 3.
10. — Hatton, " 10.
11. Geo. Chalk, " 17.

From him the lymph we have received was taken on the 8th day—October 24th, 1838.

In the course of a fortnight, Dr. Bridges, of this city, will be enabled to supply this new lymph to applicants.

<sup>1</sup> Twenty-fifth Annual Report of the Dispensary for the cure of Complaints of the Eyes, Frogmere street, Bristol, established in 1822. pp. 4.

*Charity Hospital, New Orleans.*—We have been favoured by Dr. E. H. Barton, administrator of this extensive institution, with a "list of admissions into the hospital from the 1st of January, 1830, to the 1st day of July, 1838." The total number of foreigners received in the half year of 1838 was 1077, of citizens of the United States, 628.

Prefixed to the report is a letter to the governors of the different states asking aid of the legislatures to whose citizens the institution has afforded assistance, to enable the benefits of the charity to be extended.

*University of the City of New York. Dr. G. S. Bedford.*—We are pleased to see that this gentleman, who is a practised teacher, has been appointed to the Chair of Obstetrics in this new institution.

*Treatment of Tinea in Children at the Hôpital des Enfants at Paris.* By JADELOT.<sup>1</sup>—If the vesicular or pustular eruption of the head still retains an acute character, cataplasms of mustard or starch flour are ordered, together with a wash of inf. alth., or bran-water and frequent baths. When this period is over, or if the disease is already chronic when the child is admitted into the hospital, the crusts are first removed by poultices, and then the hair shaved off, which last process must be repeated twice every week during the treatment. The head is then washed twice daily with a lotion composed of a pint of water and a dram of sulphuret. potass. After each washing there is applied, but only to the diseased parts, a very thin layer of Jadelot's liniment, which is composed of two drams of common soap, three of sulphuret of potass, four ounces of poppy oil, and one scruple of volatile oil of thyme. The soap is dissolved in water, the sulphuret in the oil; the two solutions are mixed, and the volatile oil added. If the children are also suffering with any other skin affection, sulphur baths must be employed, or the other affected parts must be washed with the bran-water above mentioned.

#### BOOKS RECEIVED.

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*From J. B. Estlin, Esq., F. R. S., Surgeon to the Institution.*—Twenty-fifth Annual Report of the Dispensary for the Cure of Complaints in the Eyes, Frogmore street, Bristol.

*From Professor Green.*—The Medical Missionary Society in China. Address, with minutes of proceedings. 8vo, pp. 30. Canton, 1839.

<sup>1</sup> Bull. de Ther. T. xii., livr. 6.

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# AMERICAN MEDICAL INTELLIGENCER.

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## ART I.—TUMOUR AT THE BASE OF THE CRANIUM, PRODUCING AMAUROSIS, EXOPHTHALMOS, AND DEATH.

BY S. LITTELL, JR., M. D.,

One of the Surgeons to the Wills Hospital for the Diseases of the Eye.

(Read before the College of Physicians of Philadelphia, December 4, 1836.)

J—B—, aged thirty years, by profession a porter, of medium stature and robust frame, applied for admission into the Wills Hospital, in July of the present year. He was afflicted with amaurosis, not wholly complete, for he could still distinguish light from darkness, but there was a certain obtuseness of expression, which seemed to indicate its origin in some serious organic disease; and had it not been for the importunity with which it was urged, his application would probably have been rejected in consequence. He had recently been an inmate of the Pennsylvania Hospital, whence he had been discharged, as he stated, at his own request, that he might seek entrance into an institution founded with more express reference to the diseases of the eye: and I felt reluctant to send him away, so long as any uncertainty remained of the curableness of his complaint. All doubt upon this subject was removed when time was allowed for a more thorough investigation of the case. He complained of severe pain in the two temples and over the head, aggravated towards evening to such a degree as to deprive him of rest during the greater part of the night; a copious secretion from the nasal cavities of an offensive mucus, passing through the posterior nares, was discharged by the mouth; and symptoms of gastric derangement were also present,—the constitution manifestly sympathising with the local affection. Vision first began to be impaired in January, and several physicians had been consulted previous to his admission, the following March, into the Pennsylvania Hospital. He had been once salivated while there, and was now again under the alterative use of mercury. There was no assignable cause for the production of the malady; for though he had been addicted to onanism a year or more before his sight began to fail, this seemed inadequate to explain phenomena which evidently originated in organic mischief. Opium and the abstraction of blood by cupping, procured sleep and afforded temporary relief; but had no effect in retarding the progress of the symptoms. The pain was felt over the whole head, but especially in the temporal and occipital regions; he breathed with difficulty through the nostrils; the amaurosis soon became complete, and the eyes unusually prominent. The discharge also grew more profuse, was sometimes mixed with blood, and on two occasions hemorrhage occurred,—in one instance to an alarming extent. All hope of improvement from a longer sojourn in the hospital having been abandoned, he was discharged after a few weeks, and I continued my attendance at his home. The subsequent history of this melancholy case may be related in a very few words. The projection of the eyes steadily increased, the palpebra were gradually everted, and the globes, nearly protruded from their sockets, and surrounded by the red, swollen and infiltrated conjunctiva, exhibited a sad and revolting appearance. The

appetite of the patient, far from being diminished, was morbidly increased; the discharge continued, more puriform in character; a fungous excrescence could be felt in each nostril; but the pain, though still a constant subject of complaint, was happily masked by the attending stupor, from which however he could be readily aroused. For the last six or eight weeks of his existence, he was more or less delirious; his appetite decreased, failed altogether, and he became greatly emaciated as the fatal termination grew nigh. Though generally lying in bed, he was still able to sit up, or even to walk about the house; and what is remarkable, evinced a strong desire or craving for ardent spirits, which he had not been accustomed to use when in health: a symptom occasionally noticed as one of the earliest manifestations of insanity. The unfortunate man, reduced to the lowest degree of human wretchedness, a spectacle harrowing to the feelings of his attendants, and the object of compassion to every beholder, at length became comatose; and, after continuing in that state a few days, expired.

The autopsy, made by candle-light, and under circumstances which precluded a very minute investigation, revealed the following particulars:—The first thing which arrested the attention, on looking at the corpse, was the unusual distance between the inner canthi of the eyes; which, being measured by my friend, Dr. J. Parrish, who kindly assisted in the examination, was found to be two inches and five tenths. On laying aside the calvarium, the vessels of the pia mater were observed to be uncommonly injected; and the cerebrum softened in its anterior lobes, particularly towards their lower portion, but in other respects not deviating from its normal structure. The brain being removed, a firm, irregular tumour was seen projecting from the base of the cranium into the sulcus between the anterior and middle lobes. It appeared to arise from the body of the sphenoid bone, and extended an inch or more in a direction upwards and backwards, pressing upon the optic nerves at their junction, and reaching as far on the right side as the surface of the pars petrosa, to which it was inseparably adherent. In order to obtain a more satisfactory view of its extent and connections, the frontal bone was taken away by sawing across its angular and nasal processes, thereby exposing the cavity of the orbit, and the upper half of the tumour. The ramifications of the morbid production, which was at least equal in size to a small orange, were now observed extending into and occupying the neighbouring cavities, the orbits, sphenoidal and ethmoidal sinuses—and reaching below as far as the inferior turbinated bone. The delicate laminæ composing the ethmoid, still further attenuated by absorption, were situated in the centre of the tumour and entirely involved by it; the cribriform plate was absorbed in its posterior margin to a considerable extent, as were likewise the orbital processes of the os frontis; the whole presenting a sharp, jagged, and irregular outline. The frontal sinuses, which were greatly enlarged and prolonged into the orbital processes, were filled with a dark-coloured viscous secretion; on the left side, the thin shell of bone separating the sinus from the cavity of the orbit, had also been removed, leaving between them a communication several lines in diameter. The consistence of the tumour varied in different parts; above, and where it was connected with the petrous portion of the temporal bone, it was firm, semi-cartilaginous, and of a whitish colour; its section exhibiting a strong resemblance to that of a scirrhus mamma; beneath the cribriform plate it was softer, and in several places presented a medullary or encephaloid appearance; while the inferior division, which has been described as projecting into the nostril, was of intermediate density, and not unlike a polypous excrescence.

The structure of the morbid growth left no doubt of its malignant character upon the mind either of Dr. Parrish or myself, but the precise spot in which it originated, is shrouded in greater obscurity; perhaps, however, it would be more consonant with all the facts of the case, to refer it to the sphenoidal or posterior ethmoidal cells.

S. LITTEL, JR.

*Philadelphia, Dec. 6, 1838.*

## ART. II.—LETTER FROM PROFESSOR CALDWELL.

[We see no objection whatever to the insertion of the following correspondence. There is doubtless misconception somewhere, which can be removed only by explanation. It need scarcely be said, from the whole tenor of this journal, that it is not the creature of any school or of any party. A main object with it is to uphold the dignity and respectability of that profession for the promotion of whose best interests it was undertaken. In furtherance of this view, it has been the editor's determination to refuse insertion to every observation that tends to reflect unworthily upon any institution or individual, unless the public conduct of such institution or individual should, in justice, demand animadversion. To this course he will rigidly adhere, as the only one that can prevent unnecessary and derogatory controversy.—*Ed.*]

Louisville, Nov. 13th, 1838.

Dear Sir,—I perceive, by the "American Medical Library and Intelligencer," of November 1st, that the editor of that work speaks of having received a pamphlet of fifteen pages, entitled "Refutation of Charges made by Dr. Caldwell, through the Louisville Journal, against Professor James C. Cross, of Transylvania University."

In justice to you, sir, I take this opportunity of saying, that you have never mentioned Professor Cross in the columns of the Louisville Journal, and never written one word for that paper alluding to him either directly or indirectly.

Yours truly,

GEO. D. PRENTICE,

Senior editor of the Louisville Journal.

DR. CHAS. CALDWELL.

Louisville, November 15th, 1838.

*To the Editor of the American Medical Library and Intelligencer.*

Sir,—To the above note from the senior editor of the Louisville Journal, I shall only add, that I not only did not *write* the articles in that journal, containing the charges of which Dr. Cross complains in his pamphlet; I did not in *any way*, direct or indirect, *contribute to their production*;—I neither furnished matter, gave counsel, nor expressed a wish in relation to them. The first intimation I had of their existence, or of a design in any one to write them, reached me through the journal, by their appearance in its columns. Nor am I now convinced that I ever even read them, or heard them read. Most assuredly I have not the faintest recollection of the nature or bearing of any one of them. So slight is the interest I take in Dr. Cross, his character, or concerns.

The doctor's "refutation" of the charges, I have never seen. Nor, unless for reasons and from motives to which I am now a stranger, shall I ever consume time in reading a production so utterly groundless in imputation as I know it to be, and so violent and offensive in manner and spirit as I am told it is.

In truth, sir, I wish to make it by this letter distinctly and generally understood, that, for several years past, my resolution and practice have been, to hold with Dr. Cross no shadow of intercourse, direct or indirect. With my reasons for this I shall not at present trouble you or your readers; they are satisfactory to myself; and that is all that the occasion requires.

I need hardly add, that if Dr. Cross possess the slightest sentiment of justice, gentlemanliness, or self-respect, he will make atonement for the outrage committed by his pamphlet. If he refuse this, the public will understand from his delinquency, somewhat better than they do at present, what kind of estimate they should set on his character.

As you have announced in your journal the existence and title of a pamphlet designed to injure me, I trust you will perceive no just ground of refusal to the admission of this note of vindication, and of that from the editor of the Louisville Journal, into the pages of the same work.

And am respectfully your obedient servant,

CH. CALDWELL.

### ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

*Summary of Cases treated in Women's Lunatic Asylum from Sept. 3d, 1833, to Oct. 6th, 1838, (six weeks). Reported by DR. A. M. VEDDER, of New York, Senior Resident Physician.*

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Mania . . . . .	1	1		1		
Insanity, paroxysmal . . . . .	1					1
" recent . . . . .	5	1		2		3
Monomania, religious . . . . .	2			2		
Melancholia (suicidal propensity) . . . . .	2					2
Mental Deficiency (simplicity) . . . . .	1			1		
Paralysis of the Insane . . . . .	1					1
Meningitis . . . . .	1					1
Epilepsy . . . . .	3					3
Mania à Potu, first stage <sup>1</sup> . . . . .	6	6		6		
" " second stage . . . . .	5	5		5		
" " " and dysentery . . . . .	1	1		1		
" " third " . . . . .	1				1	
Typhoid Fever . . . . .	1	1		1		
Total . . . . .	31	15		19	1	11

#### REMARKS.

*Mania.*—A brief account of this interesting case will be given hereafter.

*Insanity, recent.*—Bridget H., æt. 20, entered the hospital with mania à potu; after the cure of which she remained insane. She has been a drunkard or two or three years, drinking at times for a week from half a pint to a pint of gin daily. After recovery from mania à potu, she was stupid and obstinate, refusing to speak. She would remain whole days without seeming to notice any thing. Sleep was imperfect. She remained in this state for about a fortnight. Discharged Sept. 12th.

Insanity is not an uncommon sequela of this disease; it would be interesting to know what proportion of cases terminate in this way, but unfortunately we possess no data.

<sup>1</sup> There are recorded, from January 1st, 1836, to Oct. 16th, 1838, 204 cases occurring among females, of which number 16 terminated fatally, besides some cases which occur in the medical wards, which are not included. That is, 1 case in every 13 was fatal; which is much more favourable than among males. In the men's department there are recorded 401 cases from January 1st, 1836, to January 1st, 1838; of this number, 56 were fatal: that is, 1 was fatal in every 7. Showing that the disease was more fatal among males than females, in the proportion of two to one, nearly.

A. M. V.

**CASE 2.**—Frances F., a native of Germany, aged 29, large and muscular, entered September 21st. The day previous she was thought to be insane; which was evident on her admission, from her attempting to leap from the window, breaking furniture, &c. Was formerly a catholic, but for a short time lately has attended the meetings of another denomination, where she became greatly excited from the tone and character of the preaching. This was thought to be the cause of her insanity. During the first night (21st), she was singing psalms and praying alternately at the top of her voice. At times she would leap up and down, vociferating at the same time. Menstrual function regular. Arterial system natural and equalised. She continued in this state for about two weeks, sleeping during this period only three or four hours at night. The tincture of opium was given in repeated and large doses whenever she became excited.

Oct 3d she expressed a desire for some employment, which was hailed as a favourable symptom; since then she has continued to improve, and is now entirely well. This case is not entered cured in the summary.

**CASE 3.**—Jane T., æt. 60, has always been considered non compos mentis, since she has been in the house (about two years). She was very loquacious, officious, and exhibited a loose connection of ideas. Sept. 10th she went to the city on a visit, and was taken up by the city watch while wandering about the streets. For seven successive days and nights she slept none,—was constantly singing and talking. She has two scars on her head; in one of them the bone is evidently depressed.

Her condition on the 18th Sept. was as follows:—Expression rather wild; pupils contracted; conjunctiva slightly injected; no vomiting; head cool; pulse rather frequent; insomnia continues. Two grains of opium were given every hour until sleep was produced. No hallucination of the senses. Thinks she is omnipotent, possesses unbounded wealth, and can create or destroy at pleasure. She beat the wall with her hands for several days, invoking devils, which she called her work. Her bowels were costive, and could be moved only by drastic cathartics; this might be owing to the opium which was given to keep her quiet.

Oct. 12th.—Still entertains the same extravagant ideas; her physical condition is so much improved that she is permitted to walk about. Her mind on the whole is much improved.

**CASE 4.**—M. H., æt. 32, remained in the hospital only one day. Was seen to leap into the Schuylkill in a fit of insanity by a boatman, who rescued her. Was pregnant, and advanced to the full period.

The insanity would seem to have been caused by an incautious expression used by a physician, viz. "that something was wrong;" after which she became very much depressed: this was two weeks previous to the attempt at suicide. Notwithstanding every remonstrance, she was removed by her friends from the hospital; two weeks after this time, she was delivered of twins, one of them living. She was again sent to the hospital, labouring under confirmed insanity.

*Monomania, religious.*—Both these cases are of many years' duration.

*Melancholia (suicidal propensity).*—One of these cases will be reported separately hereafter.

The case of meningitis will also be reported separately.

*Epilepsy.*—Both of these cases will be given hereafter, inasmuch as they are adapted to illustrate the power of narcotics in suspending the paroxysms.

*Mania à Potu.*—These cases will be given hereafter. Several of them are interesting; one illustrating the Stahlian method of cure by expectation, and another the use of animal magnetism as a therapeutic agent.

*Typhoid Fever.*—This patient was a coloured girl; the case, as frequently happens, was very protracted. The *taches roses*, or "rose-coloured spots," of course could not be demonstrated; but all the other signs of what has been termed *dolhinenteritis* were well marked,—the expression of countenance, diarrhoea, meteorism, &c. &c.



## ART. IV.—SUPPOSED CASE OF AN EEL IN THE STOMACH.

BY JAMES GEDDES, JR., M. D., OF BARRINGTON, NOVA SCOTIA.

[We know not what reply to give to our correspondent. That living bodies are capable of existing in the stomach and intestines of animals is undoubted; intestinal worms, as well as the young of the hair-worm (*gordius*), the leech, the eggs of the gad-fly, &c., received from without, are known to become developed in animals, and to give rise to morbid phenomena in the digestive tube and elsewhere; but we confess the evidence in the following case appears to us apocryphal, and the conclusion, that the animal in question had existed in the stomach for so long a time, in the highest degree *improbable*, we would not say *impossible*.—*Ed.*]

Barrington, Nova Scotia, October 22d, 1838.

Dear Sir,—As you are curious in every thing connected with physiological disputations, I take the liberty of relating a circumstance which lately occurred in a neighbouring town, and do so more particularly to elicit your opinion, as the medical men and others of the place are somewhat divided in their judgment concerning it.

A lad, ætat. 18, had been for four years subject to fits (the kind I do not know), occurring every month or two; had been under the care of several practitioners. About three months ago was taken ill as usual, and felt sick and qualmish, his mother administered some *lac assafœtidæ*; he soon after vomited, and on examining the contents on her return to his bed-room found he had ejected an eel. He continued for a day or two in a state of insensibility, and on recovering remembered that four years ago he had a consciousness of swallowing something while drinking out of a brook by the road-side, not far from the harbour. Many persons called to see it. It had, I am told, all the appearance of the common eel; measured fourteen and a half inches in length and one and a half in circumference. Many persons gave credence to the statement, others disbelieved it altogether. Among others, a medical gentleman called, having a jar in readiness; he removed the contents of the stomach and intestines; on arriving at his house he examined them in the presence of his father, also a medical practitioner, and found what was evidently *gravel*, *eel grass*, and *sand flies*. This has been stoutly contradicted by the family, who assert that he vomited the eel, although no person was present at the time; and they explain the contents as follows, viz.

- 1st. That he partook of leeks the day preceding.
- 2d. That he drank freely of molasses and water.
- 3d. That the sugar was sandy which was put in his tea.
- 4th. That he is now in good health—free from fits; which has not been the case the four former years.

The above is a very brief and imperfect outline of the case, but I trust sufficient for you to form an opinion whether an eel could remain for such a length of time within the human stomach and resist its solvent powers. And if so, how?

I shall feel honoured by having your opinion at your leisure. You may easily suppose in a country town that arguments are not wanting to support either opinion.

I have the honour to be

Yours very truly,

JAMES GEDDES, JR.

Professor Dunglison.

## BIBLIOGRAPHICAL NOTICES.

*Professor Pattison's Introductory Lecture.*<sup>1</sup>

This discourse signally exhibits the intellectual energy of its able author. After describing the progress and prosperity of the institution to which he is attached, and of which he is a distinguished support, he illustrates the important influence "which anatomical knowledge exercises in securing for those who assiduously cultivate it, public confidence and professional distinction," by holding up to the admiration, emulation, and imitation of his students, a brief history of the lives and characters of two of the most illustrious benefactors of medical and chirurgical science,—“men who have been emphatically named—the FATHER OF BRITISH and the FATHER OF AMERICAN SURGERY.”

We regret that our limits will not permit the introduction of the accurate portraiture of John Hunter; but we cannot exclude the following sketch—as liberal as it is just—of the illustrious American surgeon.

“As it is not my intention,” says the author, “to become Dr. Physick's biographer, but merely to offer for your example a sketch of his character, I shall not attempt a detailed account of his early life and the course he pursued in his medical studies. Having finished his studies in Philadelphia, he was placed as a pupil under John Hunter; and he appears to have followed, as his model, his illustrious master. We are informed by the able Professor of Anatomy in the University of Pennsylvania, in a necrological notice of Dr. Physick read by him before the Philosophical Society, that when Dr. Physick became a pupil of Hunter, his preceptor led him into his dissecting room, and pointing to some dead bodies, said, “These are the books the student will learn under my direction.” They were books read most studiously by Dr. Physick during the term of his pupilage; and from the zeal and devotion with which he cultivated anatomical studies, he became one of the most distinguished and favourite pupils of Mr. Hunter. Educated under such a master, and actuated like him with an ardent devotion to anatomical pursuits, he became, during his residence with Mr. Hunter, a profound anatomist. And it was here that he laid the foundation of his future eminence and distinction.

“To attempt any thing like a detailed account of the discoveries made, and of the improvements introduced into surgery by Dr. Physick, would be impossible on the present occasion. Instead of occupying a lecture, it would require a long series of lectures to detail them; and as I confined myself, in the sketch which I have presented to you of the life and character of “THE FATHER OF BRITISH SURGERY,” to a history of one of his many improvements in chirurgical science, I shall follow the same course in the exhibition of the portrait of his illustrious compeer.

“The improvements which Dr. Physick introduced into surgery are so numerous, that it is exceedingly difficult to make a selection. Indeed, they are all of them so important, that it requires much consideration to say which of them has exercised the greatest influence in advancing and elevating our science. The one I select is his improvement in the treatment of the *Artificial Anus*; and I hesitate not to assert that there is not to be found in the whole circle of the science any single discovery which indicates higher power of philosophical induction than the one under consideration. It was no random, no chance discovery. It was not, and it could not have

<sup>1</sup> Jefferson Medical College. Professor Pattison's Introductory Lecture, session 1838-9. 8vo, pp. 19. Philadelphia, 1838.

been made by accident. It was based on anatomical knowledge, and perfected by inductions derived from her handmaids, physiology and pathology.

"To those who are acquainted with the nature of the *Artificial Anus*, it is unnecessary for me to state, that of all the miseries entailed on mankind by the opening of Pandora's box, there is not one of them which, in loathsomeness and suffering, equals the disease under consideration. Even Hope, until the discovery of Dr. Physick, was unable to offer to the wretched being thus afflicted a single ray of consolation. His case was one of hopeless unmitigated misery. The genius of 'THE FATHER OF AMERICAN SURGERY' has triumphed even in this disease, which, up to his time, was looked to as a case of irremediable calamity; and the chain of reasoning which enabled him to accomplish this glorious achievement is so beautiful, and so truly philosophical, that I must be pardoned in shortly detailing it."

"The *Artificial Anus* is produced by the protrusion of a portion of the intestine through the abdominal wall, and by the removal, by mortification or any other cause, of the loop of the gut which has protruded. From the continuous channel of the intestine being thus destroyed, its feculent contents can no longer follow their natural course, but must be discharged at the artificial opening; and as there is no sphincter muscle to retain them, and to allow only of their occasional discharge, the fæces ooze constantly from the wound, rendering the patient loathsome to himself, and disgusting to every one, even to his nearest and dearest relations. Although it is only from the upper portion of the intestine that the discharge takes place, both portions protrude from the external wound, and bear the same relation to each other as that which exists between the barrels of a double-barreled gun. Now this being their position, the following is the chain of reasoning which led Dr. Physick to his mode of treatment for the cure of this most loathsome disease. The outer coat of the gut is formed by the peritoneum, a serous membrane; and, as the two portions lie side by side, like the barrels of the gun, the surfaces in contact are serous surfaces. The interior of the intestines is lined by mucous membranes. We have, therefore, serous membranes exteriorly, and mucous membranes placed interiorly. The results of the inflammation of these two membranes are very different. In the inflammation of the serous membranes we have coagulable lymph secreted, and the inflamed serous surface is glued, as it were, to the surface with which it lies in contact. But in the inflammation of the mucous membrane we have, as a consequence, ulceration. Now, from the relations of the two portions of the intestines lying side by side, and from the phenomena attendant on their inflammation, if we produce a higher degree of inflammatory action on the sides of the gut as they are placed in contact, the following results must of necessity take place. The inflammation of the outer surfaces being attended with the effusion of coagulable lymph, the sides of the gut will be completely and inseparably united: and when this glueing together of the surfaces has been accomplished, the ulceration attendant on the inflammation of the mucous surfaces opens a direct lateral communication between the two portions of the intestine through which the descending fæces can pass more freely than through the external wound; and thus entering the lower portion, they are permitted to follow their natural course; and the external wound, no longer kept open by the discharges, closes, and the patient is cured. It is unnecessary, on the present occasion, to describe the operation performed by Dr. Physick for the accomplishment of his object; it is only necessary to state that it was completely successful.

"This was, in truth, a glorious discovery; and does it not, I would ask, forcibly and irresistibly confirm and corroborate the lesson I am now desirous to inculcate—the value of anatomical knowledge? Had Dr. Physick not devoted his days and his nights to the dissecting room, would he have ever been qualified to confer so rich a boon on suffering humanity, or have raised up for his own fame so imperishable a monument?"

"As an operator, I have never known Dr. Physick surpassed, and I have

been personally and intimately acquainted with most of the distinguished surgeons of modern times. He entered on the performance of his operations with calmness and deliberation, with his mind so prepared for every untoward event which might occur, that it was impossible for him to lose his self-possession. He felt and sympathised with the suffering and the pain he was compelled to inflict, and, in the hour of his patient's agony, he would soothe him by the kindest, the gentlest, the most affectionate assurances of his safety. O! how different from the conduct of some men who would arrogate to themselves the name of surgeons!—men whose minds are absolutely brutalised—who feel no sympathy with their patients, and who, when their victims lie before them writhing in agony, and compelled to give utterance to their sufferings, instead of soothing, will answer them with curses and imprecations. Such men are unworthy of the name of surgeons. The curse of Cain should be branded on their foreheads, and they should be banished forever, not only from their profession, but from the society of the good and the virtuous.

“Eminent as Dr. Physick was as an operator, he still held this, the most showy part of surgery, in the lowest estimation. We are told by the biographer of Hunter, that that distinguished surgeon was in the habit of saying, ‘To perform an operation is to mutilate a patient we cannot cure; it should therefore be considered as an acknowledgment of the imperfection of our art.’ His pupil entertained precisely similar sentiments; and I recollect perfectly that he, in conversing with me on the subject, shortly after my arrival in this country, used nearly the same expressions, telling me that he considered a surgical operation as an opprobrium to the science, and that he believed that when the science was perfected, surgical operations would seldom be required. How zealously and how faithfully did he labour to bring about this most desirable consummation, is known to every one at all conversant with the history of modern surgery. Hundreds, aye, I may say thousands, have been saved from amputation, from the improved system of treatment which he introduced into practice for the cure of diseased joints; and his improvements in the other departments of surgical treatment have, in an astonishing degree, diminished the necessity for the performance of surgical operations.

“In his intercourse with his brethren, Dr. Physick was most manly and most liberal. He stated with candour his own sentiments, and listened with deference to the opinions of others, and allowed them their full value. Standing, as he did, on a pinnacle which was unapproached and unapproachable, he was more modest and less self-opinionated than many a junior surgeon. In consultation, how delicately did he dissent to the system previously pursued! how clearly by his reasonings did he satisfy those with whom he consulted as to the correctness of his views, and the justness of the alterations in the treatment which he suggested! and how sedulously did he conceal from the friends of the patient that there had existed between him and their family physician any difference of opinion!

“The person of Dr. Physick was strongly indicative of his character. No man who was ever in his company could ever again forget his presence. His figure was rather under than over the common height; it was slight, but, on the whole, graceful. It was, however, on the ‘temple of the soul,’ in his noble head, where the strong delineation of his character was portrayed by nature’s chisel. His broad expanded forehead, his aquiline nose, his compressed lips, and his round Grecian-formed chin, appeared, from the pallid hue of his countenance, sculpted in cold Parian marble; but the eye, full of thought, pensive, mild, and penetrating, shed the influences of life, energy, and feeling, over a countenance otherwise deathlike. For many years himself the victim of disease and suffering, and, from the nature of his pursuits, brought into hourly association in the chambers of death with scenes the most heart-rending to which our nature is subject; the subduing influences of melancholy had a saddening effect on the expression of his

countenance and the tone of his character. But, although little given to cheerfulness, there was nothing of misanthropy or severity in his disposition. On the contrary it was full of gentleness and tenderness. A sufferer himself, he sympathised most deeply, most sincerely with the sufferer, and devoted his whole life and the whole energies of his mind to the mitigation of the pains and miseries of mortality.

"But I must pause: my time will permit me no longer to eulogise the character of an individual so loved, so admired, and so cherished during his life—and so deeply, so sincerely regretted and deplored on his death.

"Dr. Physick requires no eulogist to publish his fame and to sound forth his praises; and, like the 'FATHER OF HIS COUNTRY,' he requires no splendid mausoleum to perpetuate his memory. Washington—the immortal Washington—having won for his countrymen the inestimable blessings of civil and religious liberty, shall live in the hearts and affections of Americans until the last trumpet shall sound, and the angel declare that TIME is at an end. And as long as medical and chirurgical science is cultivated in these United States, be it through one thousand or ten thousand generations of our race, so long shall the memory of Physick be held in grateful reverence by the profession.

"My young friends, I would now, in conclusion, counsel you to select the character of this illustrious individual as a model for your imitation. It is true it is a lofty one; but, as I told you already this evening, you cannot fix your standard for virtuous emulation and distinction too high. I have no doubt that the departed Physick, on entering on his profession, selected as his model his illustrious preceptor, the 'FATHER OF BRITISH SURGERY;' and, as a consequence of the zeal and ardour with which he pursued his object, he has earned for himself a title not less noble, not less dignified than that of his great exemplar. He has been, and will continue for ever to be named, 'THE FATHER OF AMERICAN SURGERY.'"

#### *Professor N. R. Smith's Introductory Lecture.<sup>1</sup>*

The able author of this letter has transferred his labours to another field, and one where we doubt not his talents and acquirements will be appreciated as they merit. He has been borne on the tide of enterprise, and of useful enterprise, to the "broad regions of the west;" and where—we would ask with him—"can science hope for a richer harvest, or philanthropy a wider field for the exercise of a beneficent art, than where nations may be said to be born in a day, and where they come at once into existence with all those relations of society which give exercise to every useful branch of knowledge and art?"—p. 5.

For three years we had the pleasure of being associated in the same institution—the University of Maryland—with Professor Smith; and during that time the sentiments we were led to form of him were of a high order.

The address exhibits the character of the author's mind, and is an index of the valuable course which we doubt not he will be prepared to deliver. It alludes in the following feeling and appropriate manner to the loss which the University of Transylvania had experienced in the death of the author's predecessor, Professor Eberle.

"In the chair of the practice of medicine, I have the honour, and in one

<sup>1</sup> An Address Introductory to a Course of Lectures on the Theory and Practice of Medicine. By N. R. Smith, M. D., (of Baltimore,) Professor in Transylvania University. Published at the request of the medical class. 18mo, pp. 24. Lexington, Ky. 1838.

sense the misfortune, to succeed one, the space of whose reputation the authorities of this university could scarcely hope again to fill. Perhaps no individual among us, with one honoured exception, has ever acquired a more enviable reputation as a medical author than the late Prof. Eberle, and few have excelled him in the duties of a public teacher. No man can more truly be said to have been the architect of his own fair fame and fortunes, than my lamented predecessor. To no happy contingency, which often develops genius that might otherwise have slumbered; to no fostering patronage, which often nourishes and sustains it under adverse circumstances, can we ascribe his early progress to professional distinction. The very nucleus of his reputation, the formation of which indeed is the most difficult part of the labour of ambition, was the result of his own indefatigable toil. Nor did his too sensitive modesty permit him to owe any thing to those popular blandishments of manner, so influential in winning 'golden opinion from all sorts of men'—

“ ‘Along the cool sequestered vale of life,  
He kept the noiseless tenor of his way.’ ”

His fame was given to the world through the medium of his professional brethren, an avenue to distinction which I trust will ever be chiefly sought by those whom I have the honour to address.

“Were I asked what were the characteristic traits of mind which rendered our departed brother thus distinguished and useful, I should answer,—‘a capability of intellectual exertion, capacity for knowledge, and judgment in its arrangement and application.’ Although these qualities of the understanding (and I say it, gentlemen of the medical class, for your encouragement,) are not uncommon; yet, when combined with industry, they often win for their possessor the highest honours that are sought by a virtuous ambition. They do not, it is true, furnish the inspirations of the poet, or give birth to those productions which are the proper offspring of creative fancy; but they have achieved the triumphs of philosophy. To them do the sciences owe their existence, and by them have the vast store-houses of knowledge been replenished. These indeed are the attributes of the mind which have rendered immortal the labours of Newton, of Franklin, and of Laplace.

“Prof. Eberle was too early lost to this community to justify the supposition that his moral worth and social qualities could have been fully appreciated by those whom I have the honour to address. A few days of physical suffering and mental languor were all that he spent among you. He came indeed but to die among strangers, by strangers to be honoured, and by strangers mourned,—strangers, however, only to his person and to his private worth. As Americans, his public reputation was abundantly dear to you, and deep was the sympathy, kind and soothing the attentions which in this community were bestowed upon him and upon his afflicted family.

“I had the happiness and the honour to be associated with Prof. Eberle in scientific pursuits, when his public career as a teacher of medicine first commenced, and perhaps no one of my auditors can, more justly than myself, appreciate the magnitude of your loss. The ties by which he then became endeared to those around him, were those which result from the exercise of sound and correct principles, and from amiable and generous sentiments. They were ties which neither time nor distance dissolves, and which terminate only with our existence.

“It has been said that death ever loves a shining and an elevated mark, and that his arrows often select those whose virtues and usefulness distinguish them above their fellow men; but doubly obnoxious to the enemy of our race was he whose worth I would commemorate. A thousand times had his science and philanthropy provoked the vengeance of the fell destroyer, by repelling from the hearts of others the weapons of death, till at length, with vindictive force and fatal precision, they have been turned upon his own bosom.

"Neither 'storied urn, nor animated bust' is necessary to transmit the name of Eberle to after generations. The page of science, on which is emblazoned the name of the useful and distinguished author, lives till monuments of bronze and statues of marble have crumbled into dust. But however deep the melancholy interest which is felt in the subject which has thus far occupied our attention, it becomes me to remember, that while I stand here feebly to do justice to the memory of my departed friend, to me also it belongs to enter upon those labours which by him, had health and life permitted, would have been so ably and so faithfully performed."

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*Esquirol and Ellis on Insanity.*<sup>2</sup>

The authors of the works before us are well known to all who have attended to the subject of insanity; and who is there that has not? The reputation of Esquirol has extended every where. His whole life has, indeed, been spent in the observation of mental disease; and the present volumes comprise some of the valuable results of such observation. They are divided into "Memoirs on Madness and its Varieties;" "Statistical and Hygienic Memoirs on Madness;" and "Memoirs on Mental Alienation, considered in its medico-legal relations;"—several of which were published years ago. The plates are chiefly designed to represent some striking physiognomies of this deplorable condition.

Sir W. C. Ellis is not as extensively known as M. Esquirol, but is widely and deservedly respected. His life, too, has been chiefly devoted to the study and treatment of insanity; and his work is peculiarly interesting to us at this time, when endeavours are made to establish among us pauper lunatic asylums, similar to the admirable one at Hanwell, of which he is the zealous and enlightened superintendent.<sup>3</sup> As a work on insanity we do not know that his volume presents any new or striking views; but it cannot fail to suggest many interesting considerations to the reflecting practitioner and philanthropist.

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*The Medical Missionary Society in China.*<sup>4</sup>—This is one of those institutions suggested by the philanthropy of foreigners to benefit a community in many respects most benighted, and yet who regard all—excepting perhaps *Mediciniers* of other countries—as far beneath them in every intellectual and moral attribute.

We cannot better state some of the objects of this institution than by making the following extracts from the published address, drawn up by a committee, the estimable chairman of which—T. R. Colledge, Esq.—a

<sup>1</sup> *Des Maladies Mentales considérées sous les rapports médical, hygiénique et médico-légal*, par E. Esquirol, Médecin en chef de la Maison Royale des Aliénés de Charenton, Ancien Inspecteur-général de l'Université, Membre de l'Académie Royale de Médecine, &c. Accompagnées de 27 planches gravées. 8vo, tom. 2, pp. 678, 866. Paris, 1838.

<sup>2</sup> *A Treatise on the Nature, Symptoms, Causes, and Treatment of Insanity, with practical observations on Lunatic Asylums, and a description of the Pauper Lunatic Asylum for the County of Middlesex, at Hanwell, with a detailed account of its management.* By Sir W. C. Ellis, M. D. Resident Medical Superintendent and formerly of the Asylum at Wakefield. 8vo, pp. 344. London, 1838.

<sup>3</sup> A most respectable meeting has been recently held, for this purpose, in Philadelphia.—*Ed.*

<sup>4</sup> *The Medical Missionary Society in China. Address, with Minutes of Proceedings.* 8vo, pp. 29. Canton, China, 1838.

surgeon in the British service, and the president of the society, is now among us.

"The object of this society is, as stated in the resolutions passed at its formation, to encourage the practice of medicine among the Chinese, to extend to them some of those benefits which science, patient investigation, and the ever-kindling light of discovery, have conferred upon ourselves.

"In the midst of many improvements, and surrounded by numerous social advantages, the Chinese are nevertheless deficient in medicine and surgery, and acknowledge this deficiency by their conduct, whenever they can avail themselves of the well-directed skill and the superior adroitness of foreigners. The love of ease and the hopes of health lead mankind to accept assistance wherever they can find it, to forego their prejudices, and sometimes to make large sacrifices, even upon a very slender prospect of recovery. The Chinese, though exclusive in all their policy, form no exception to this rule, for they have come in crowds to the ophthalmic institutions, submitting to operations and medical treatment with unbounded confidence, and obtaining health and restoration through the means of the physician, with every mark of the most unfeigned respect and thankfulness.

"For the agents by whom we are to carry our object into execution, we must look to the missionary boards and committees in Great Britain and the United States. They have it in their power to help us, and are best qualified to select men that are fitted to execute our designs. We do not engage to support such individuals, and therefore shall leave them free to cherish all the better feelings of an honourable independence. We offer them hospitals, with every other necessary and suitable accommodation, and means of effecting good. In these hospitals we require for the patients the same uniform and well-considered attention, which are enjoyed in institutions of a similar kind at home. Men of eminent qualifications and tried character are indispensable for the successful prosecution of the work. For after the society has done all it can do, by way of preparation, its direct influence on the Chinese is to be exerted through the agents it employs; on them, therefore, the destinies of the society are suspended. If they fail, it fails. Their success is its success. They are to give effect to the wishes of the society and its friends. Too much care cannot be bestowed on their selection. Both in character and in practice they should be every way good men. The constitution of the society has been framed so as to guard—as far as it is in its power to guard—this point.

"By the employment of such an agency the way will be paved to a higher place in the confidence and esteem of the Chinese, which will tend to put our commerce and all our intercourse with this nation upon a more desirable footing, and to open avenues for the introduction of those sciences and that religion, to which we owe our greatness, by which we are enabled to act a useful part in this life, and which fit us for the enjoyment of a better life hereafter. And it will not be denied, that these form desiderata of no ordinary interest and importance.

"There are other advantages, which, though, they be of a subordinate kind, are not without their value. Among the first we would refer to the benefits which are likely to result to medical science by cultivating it in China. Countries are not less characterised by the form and nature of the soil and its productions, than they are by the prevalence of certain maladies and a partial or complete exemption from others. The contemplation of disease as influenced by the position and height of a country, its inland or maritime location, and the general habits of the people, conducts the student to a most engaging range of medical philosophy, while it discloses many important lessons to assist him in the way of benefiting his fellow creatures. The advantages derivable from such a contemplation have been acknowledged at all periods, and in all quarters. To secure these advantages, it is required, that a book should be kept in all the institutions connected with



this society, into which an entry will be made of all important cases, with a notice, not only of the disease and the treatment pursued, but also of the province, habits, and other circumstances bearing upon the history of each individual. Such books will in time be curious and instructive documents, and such as will enable us to glance at the penetralia of domestic and social life in China, which we now can only read of, or view at a distance, from the very outskirts of the country."

The enterprise merits the good wishes and assistance of every one who is interested in the cause of humanity, and is able to advance it out of his abundance.

The agent in this city is Richard Alsop, Esq.

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*Philadelphia Hospital (Blockley).*—Dr. Edward Peace, of this city, has been recently appointed one of the surgeons to this noble institution, to supply the vacancy occasioned by the absence of Dr. Harlan in Europe. Dr. Peace is both by nature and education well fitted for the responsible situation.

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*Vaccine Matter fresh from the Cow.*—The supply of this virus, which was received by us has proved inadequate for any extensive dissemination. In the arms which we have seen, the vesicle has gone on beautifully until the eighth day, but on the ninth it has become sunken; and the areola has not been as regularly defined as in the cases originally depicted by Jenner, and in those which we are in the habit of seeing; but the attending indisposition on the eighth day is marked. Although the character of the disease varies in these respects, we have little doubt that it will afford the due protection, for it is altogether unlike the spurious forms, described by Jenner and others. Still, the matter remains to be tested; and to accomplish this satisfactorily, we have written to Bristol for a further supply, which will doubtless be forwarded to us by the earliest opportunity.

It is to be expected that the characters of the vaccinia will vary somewhat from those induced by virus which has passed, as it were, through thousands of individuals.

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*Metallic Magnetism as a Preventive of Miscarriage.* By DR. BICKING, of Mülhausen.<sup>1</sup>—A strong woman, 28 years of age, without tendency to disease, had miscarried twice at the sixth month. The first time she had gone on well up to a certain moment, when she suddenly felt something crash in her abdomen. Some days after abortion followed, and she lost much blood, but recovered rapidly. The second time she was suffering under deep depression from the death of a sister. Dr. B. saw her; the pains were severe, and the hemorrhage difficult to restrain, but no other important consequence followed. When she had reached the third month of her third pregnancy, Dr. B. determined to test the efficacy of a powerful magnet, as a means of averting the recurrence of a similar accident. He took a horse-shoe magnet with straight legs, six inches long, one half inch broad, and two lines thick, sewed it to a piece of linen provided with appropriate straps, and fixed it upon the bare skin in the umbilical region, so that it lay obliquely, its south pole directed downward, its north upward. In this manner it was worn regularly at night by the patient, lying on her back, the head of the bed being directed northwards. The woman had reached her

<sup>1</sup> Hufeland's J. d. pract. Heilk. Jan. 1838.

fifth month when her father became sick, and a month after died. She found herself unwell; had pains in the abdomen and profuse leucorrhœa; but miscarriage did not follow. Two months afterwards she brought a child into the world, which, though premature by some weeks, lived. The author is disposed to attribute this fortunate result to his peculiar manner of arranging the poles of the magnet, but suggests this as a point deserving of farther investigation!

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*Application of Chloride of Lime in Solution to an Ill-conditioned Ulcer.* By DR. WIRTH, of Zürich.<sup>1</sup>—The patient was a pupil of the veterinary school, who, in dissecting a horse that had died of glanders, wounded his finger. A few days after the finger swelled, and became red and painful. At the seat of the injury there formed a small bad-looking ulcer, which secreted only a little sanies. Fomentations of cold water, and then of Goulard's lotion, did not prevent the inflammation from extending, finally involving the whole hand, and affecting the lymphatic vessels and glands of the arm. On applying a solution of the chloride of lime in water, as a fomentation to the part, the pain, swelling, and redness of the hand abated, the glandular tumour vanished, and a cure rapidly followed.

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*Prompt Operation of Cold Water taken Internally.* By DR. GUENTHER, of Cologne.<sup>2</sup>—A man advanced in years, of sound constitution, suffered frequently from catarrhal affections of the trachea and bronchi, preceded usually by coryza. The attacks would continue for weeks or even months, during which time his nights especially were disturbed, and often rendered sleepless. One cold night in January, a few days from the commencement of an attack, the patient was still without sleep two hours after midnight, and annoyed by constant cough, which had refused to yield to one quarter of a grain of acet. morphinæ. Recollecting to have heard of the virtues of cold water at the outset of a catarrh, he rose and swallowed a large glass of this liquid, of a temperature approaching that of ice. On returning to bed, he found the cough and the burning sensation about the fauces gradually diminish; sleep soon followed, and the threatened attack was averted.

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*Epistaxis cured by Antimony.* By DR. JAEGER, of Neuss.<sup>3</sup>—In a case of nose-bleed, in a girl 24 years of age, where the usual remedies had failed, Dr. J. gave the tartrate of antimony, to the extent of two grains, in solution, so as to produce nausea and retching, but not vomiting. The face became pale, its fulness disappeared, and the hemorrhage ceased. The strength of the solution was now increased, and its use continued, copious dejections followed, then sweat, and the next day the girl returned to her previous occupations.

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*Fortunate Cure of Chorea and Tetanus.* By DR. SCHLEGEL, of Meiningen.<sup>4</sup> [This case is authenticated by the name of the author, and appears in a most respectable journal; but it is—like most of the stories we meet with of living animals in the human stomach and bowels—more characteristic of the credulity than of the judgment and prudence of the narrators.—*Ed.*] A girl, 12 years of age, was suddenly attacked by nervous affection of peculiar character. She would throw herself suddenly down, tear her hair, and sing. At another time she would turn a somerset, throw her hands and feet round in a circle, spring up in the air, and then casting herself on the

<sup>1</sup> Casper's Wochenschr. f. d. ges. Heilk. 1838, No. 7.

<sup>2</sup> Hufeland's J. d. pract. Heilk. Jan., 1838.

<sup>3</sup> Med. Zeit. v. Vereine f. Heilk. in Pr. 1838, Nr. 14.

<sup>4</sup> Allgem. medic. Zeit. No. 45.

ground, first on one hip and then on the other, would beat her head for half an hour together and cry that something was moving in her like a dog or a cat, that something caught her by the heart, was biting, was creeping in her. These attacks were renewed daily, usually in the afternoon. If held fast, she would express great uneasiness and rave worse than before. About a year previous she had drunk water from a brook. Suspecting the presence of some irritant in the intestines, Dr. S. ordered her powders of calomel and jalap, which produced abundant fluid discharges. When he saw her the next day, she lay with closed eyes; and when he lifted the eyelid, the ball moved rapidly from one side to the other. The abdomen swelled up rapidly to the size of a man's head, remained full and round about fifteen minutes, and then subsided; the agony of the patient now increased, she breathed with labour and bit herself in one of her arms. A general tetanus stretched the body at full length and again curved it into a half circle, the head lying over the bedside and touching the floor. She was laid in bed on her back, but the force of the spasm threw her repeatedly from one side of the bed to the other. In about two hours the eyes and face assumed a more quiet expression. The patient laughed and cried alternately, and waking as from a dream, stared wildly about her. A cathartic of senna, with valerian and assafoetida was ordered in divided doses. At the end of eight hours she called for the close stool, and while she there sat, an animal, alive and active, was heard to extricate itself from the rectum and fall into the vessel; presently a second similar report was heard; she rose from the chair, and on the instant two frogs sprang out from under her and instantly disappeared. The child was placed in bed, but still complained of gnawing sensations in her belly, and had severe cramps; these subsided after an hour and she became quiet and slept. On waking she had no recollection of what she had said or done. From this time the attacks became less frequent and severe, at length ceased entirely, and she now enjoys the most perfect health.

#### BOOKS RECEIVED.

*From the Committee of Publication.*—Jefferson Medical College. Professor Pattison's Introductory Lecture. Session 1838-9. 8vo, pp. 19. Philad., 1838.

*From the Author.*—An Address, introductory to a Course of Lectures on the Theory and Practice of Medicine. By N. R. Smith, M. D., (of Baltimore,) Professor in Transylvania University. Published at the request of the Medical Class. 18mo, pp. 24. Lexington, Ky., 1838.

*From the Author.*—On the True Value of Experience in Medicine; an introductory lecture delivered at the session of the Louisville Medical Institute for 1838-9. By Henry Miller, M. D., Professor of Obstetrics and Diseases of Women and Children in the Louisville Medical Institute. 8vo. pp. 21. Louisville, 1838.

Die Physiologie als Erfahrungswissenschaft. Zweiter Band. Bearbeitet von Karl Friedrich Burdach. Mit Beiträgen von Karl Ernst von Baer, Heinrich Rathke, und Ernst H. F. Meyer. Zweite berichtigte und vermehrte Auflage, mit Beiträgen von Heinrich Rathke, Karl Theodor von Siebold und G. Valentin. Mit vier Kupfertafeln. 8vo, s. 845. Leipz. 1837.

## AMERICAN MEDICAL INTELLIGENCER.

Vol. II.

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No. 19.

ART. I.—CASES ILLUSTRATING THE USE OF THE FORCEPS.<sup>1</sup>  
No. 3.

BY S. A. COOK, M. D., OF BUSKIRK'S BRIDGE, NEW YORK.

(Continued from page 255.)

Buskirk's Bridge, Dec. 4, 1838.

The necessity of the forceps may occasionally depend on the progress that a case may be making when morbid phenomena present themselves, as will be illustrated by the following cases occurring in the same individual.

CASE 10.—April 1, 1835. Mrs. J. P., aged 20 years, was taken in moderate labour with first child yesterday morning. It became active early last evening, soon after which, the waters being discharged, the pains again declined and continued moderate till 3 o'clock this morning, when, on examination, I found the os tincæ fully dilated, and the head so far advanced into the pelvis as to touch the perinæum. She complained much; and her countenance indicated extreme suffering. At 4½ o'clock, A. M., the head had made no farther progress. Furious delirium had now come on, and most of the time she was insensible of her situation. After abstracting from the arm about twenty ounces of blood without any perceptible effect, I, with considerable difficulty, succeeded in applying the forceps, and in a short time delivered her of a healthy boy. Recovery as rapid as is usual.

CASE 2.—July 8, 1836. J. P. taken again in labour, about 10 o'clock last evening. Pains moderate, but teasing; often confined to a circumscribed spot. At 1 o'clock, A. M., she complained of fulness of the head with giddiness; her feet at the same time cold. Placed them in a warm bath, and at the same time her pulse being full and hard, bled her eighteen or twenty ounces from the arm. The contractions of the uterus soon became more urgent, and as the head approached the perinæum delirium came on. The labour continuing to advance, no interference was deemed necessary; and at 5 o'clock, A. M., she was delivered of a healthy girl. Delirium continued an hour after labour terminated. Recovery rapid.

Having presented a series of cases intended to illustrate some of the more common morbid phenomena of parturition that call for instrumental aid, and at the same time making a more liberal use of the forceps than accords with the views of our more eminent obstetrical writers, it may not be improper at this time to examine the common objections to their early use. That instrumental interference should not be resorted to, except in cases of the most urgent necessity, has become so general an opinion, that it has been considered established as an axiom, and as a consequence, it has been adopted as an aphorism by one of the most brilliant stars of British midwifery, "that

<sup>1</sup> I have made use of the term forceps to represent embryospastic instruments, as I believe both them and the vectis to be applicable almost equally to the same cases; each individual preferring the one or the other as accidental circumstances may have made him more familiar with it.

instruments are never to be used in the practice of midwifery; the cases in which they are used to be considered merely as exceptions to this rule.<sup>1</sup> But what are the rational objections to the forceps? Do they mutilate or destroy; jeopard life, or occasion deformity? Operations that necessarily endanger or occasion either of these unfortunate consequences, demand the most careful reflection as well as the most demonstrable necessity. But the forceps, when properly used, neither mutilate or destroy, but "may be employed without doing the least injury either to mother or child."<sup>2</sup> Their action is perfectly under the control of the operator, a control which he at no time loses, and consequently may adapt it to the necessities of the case. If he exercise force beyond what the safety of the patient permits, it is his error, attributable either to ignorance or rashness, and should in nowise be considered condemnatory of the instrument.

The more common objections, however, to their use are,—1. They endanger laceration of the perinæum; 2. They are liable to bruise the soft parts of the mother, occasioning inflammation and its consequences; and 3. Their more frequent use by the skilful is calculated to encourage their abuse by the ignorant and rash.

1. Dr. Gooch asserts that the forceps are liable to lacerate the perinæum, and that they are never introduced into the vagina without hazard; that the first time he ever saw them applied, though by a gentleman as skilful as any in London, and with great care, he lacerated it quite into the anus; and also, that "the first time he used them in the Westminster Lying-in Hospital, he lacerated the perinæum, and could not avoid it, though he took especial care."<sup>3</sup> The same accident, though in a slighter degree, occurred to myself the third time I ever applied the forceps. Without judging with respect to the cases mentioned by Dr. Gooch, I can confidently assert that in the one to which I allude no blame could reasonably be attributed to the instruments. They had been applied, and the head so far advanced as to distend the perinæum, when expulsive uterine contractions returned, and the forceps were suffered to lie inactive. A sudden pain unexpectedly gave birth to the head, and though her attendant accoucheur sat by my side, we neither of us at the time gave support to the perinæum. On this subject, Dr. Osborne, though ultra in his opposition to the use of instruments in midwifery, has the candour to say,—"I beg leave to assure my readers that never once in my life have I ever met with laceration of the perinæum, when I have made use of the forceps; but independently of my assertion I will, as I have intended all through this essay, endeavour to prove upon principle, that there is very little likelihood of lacerating the perinæum with the forceps, because when the apex of the child's head begins to insinuate itself into the os externum, and the perinæum is on the stretch, you are at liberty to apply your left hand to strengthen and support the part, as well as to prevent the too sudden distension, while the right is applied to the handles of the instruments with sufficient force, first to raise and then to extract the head."<sup>4</sup> Confirmatory of this is the experience of Dr. Beatty, who affirms that he has never seen any injury follow the use of the forceps when properly employed: and of one hundred and eleven women, which he delivered with them and the lever, during forty-two years' experience, no unpleasant result followed; none of the mothers died, none suffered laceration of the perinæum, nor any of those evils which are set forth as the effects of the forceps. Without proper care on the part of the accoucheur, the forceps may be liable to this objection; yet there appears even here to be little, if any more, danger from them than from the active uterine contractions which so fre-

<sup>1</sup> Denman's *Aphorisms on the Application and Use of the Forceps, &c.*

<sup>2</sup> Alexander Hamilton's *Midwifery*, 1797.

<sup>3</sup> *Practical Compendium of Midwifery*, by Robert Gooch, (Philadelphia, 1832, p. 187, 8.

<sup>4</sup> Osborne's *Essays on Midwifery*, (London, 1795,) p. 98, 9.

quently terminate parturition; especially where rigidity of the external parts exists, either originally or from hyperæmia, the consequence of long-continued pressure of the fetal head; a danger in either case easily avoided, by premising a suitable loss of blood, where the pulse will permit; by adequate caution in timing instrumental efforts so that the parts be allowed to distend as gradually as the necessities of the case may require; and by seasonably affording that support to the perinæum not safely omitted in the mildest cases of natural labour.

2. Obstetrical writers generally urge, as a caution against the early use of embryospastic instruments, the danger of injuring the internal parts of the mother, causing thereby inflammation, suppuration, gangrene, and sloughing to follow. That such consequences may follow unjustifiable force, no one will deny; yet it is an abuse for which the agent cannot reasonably be condemned. And that they do follow their use where it has been delayed until long-continued pressure of the child's head, on the soft and delicate structure over which it has to pass, occasions inflammation, is equally evident.<sup>1</sup> This even Dr. Blundell is constrained to admit, though his horror at their use is such that he asserts, when speaking of embryospastic instruments, that under certain circumstances, "the very thought is almost sufficient to bruise, lacerate and destroy."<sup>2</sup> His language is, "The worst of consequences arise no doubt from the neglect or rejection of instruments where they are really demanded by the nature of the case; bruises, sloughing, inflammations, suppurations, and the death of the mother, and the death of the child, may all be the result."<sup>3</sup> And with this opinion Dr. Beatty also agrees. When commenting on the danger of neglecting the early use of the forceps, he makes the following judicious remarks, "Now to wait for such a period<sup>4</sup> as this is but to delay the operation until the chances of success are almost lost; in fact there will be but little prospect of any thing but the removal of a dead child from a dying mother; and it is such a practice that has at times brought this valuable instrument into disrepute and disuse; the want of success has been charged upon the operation where it ought to be laid at the door of the operator. It is with us as it is with the surgeon in strangulated hernia, the operation should be performed as soon as the necessity for it is found to exist; every moment's delay diminishing the prospect of a successful termination; and it is to this principle that so many happy results from the use of the scalpel in that disease in modern times are to be attributed. Let not the accoucheur therefore wait until the powers of life are exhausted; his duty is to prevent such

<sup>1</sup> Illustrative of this principle is the following case, presented by Dr. Gooch:—"Not long since a practitioner of great professional accomplishments sent for me to consult with him on a most distressing case; the head, during the labour (which had been over four days), had rested a long time on the perinæum. He applied the vectis, using it with great care and attention. He succeeded in delivering the woman, and believed the labour to be well over; but within twenty-four hours afterwards a violent burning pain came on in the vagina, with fetid discharge and shiverings, followed by a hot skin and rapid pulse; the teeth and tongue soon became covered with a black sordes; there was low delirium, and death soon terminated the scene. The death of the patient was occasioned by inflammation, gangrene, and sloughing of the vagina, produced by the pressure of the instruments against the soft parts." Would it not be a more rational conclusion that the long-continued pressure of the child's head against the soft parts of the mother was the cause of these evil consequences, and that had instrumental aid been given two or three days earlier, that the life as well as the severe sufferings of the mother might have been saved.

<sup>2</sup> Blundell's Principles and Practice of Obstetrics, (Washington, 1834,) p. 309.

<sup>3</sup> Blundell, p. 327.

<sup>4</sup> As "Where all the powers of life are exhausted, all capacity for farther exertion is at an end, and the mind as much depressed as the body, they would at length both sink together under the influence of such unavailing struggles, unless rescued from it by means of art," (Osborne's Indication for the Use of the Forceps. Essays, p. 45.)

an occurrence, and this is to be done by the timely application of the forceps."<sup>1</sup>

Indeed the same rational principles should govern us that govern the judicious application of all remedial agents; the consequences that may follow and the necessities that demand the operation should be duly weighed; and if we decide to act at all it should be before the patient be so far reduced as to render action worse than useless, bring discredit on the instrument, and deserved disgrace on the operator.

S. A. Cook.

## ART. II.—BLOCKLEY HOSPITAL REPORTS.

*Cases Illustrative of the Powers of the Actæa Racemosa in the Treatment of Rheumatism.* Reported by EDWIN A. ANDERSON, A. M., M. D., of Wilmington, N. C., and ALEXANDER VEDDER, A. M., M. D., of Schenectady, New York; Senior Resident Physicians to Blockley Hospital.

There are six or eight species of the actæa in this country, and three common in New England, viz. the actæa racemosa, actæa rubra, and actæa cimicifuga; the last two species are, however, far inferior to the first. The term *cimicifuga* is derived from *cimex*, "bed-bug," and *fugare*, "to drive away." Popular names—black cohosh, black snake root, rattle weed. Rich weed, deer weed, squaw root. Natural order—Ranunculacæ of Jussieu. Habitat—Mountainous countries, shady places, rocky woods, and rich woodlands. It flowers in June, July, and August; the fruit becomes mature in the early part of September, and has an unpleasant and offensive odour, like bales of goods brought from the East Indies. The root is the only part of the plant employed in medicine; it is fleshy, tuberous, and perennial, and should always be collected in the autumn, after the decay of the top, for if gathered in the spring it is far more uncertain and variable in its operation. The actæa is powerfully narcotic, slightly exhilarant, and, occasionally, in a small number of cases, feebly cathartic. This article is nearly allied to conium maculatum, lobelia, digitalis, and sanguinaria.<sup>2</sup>

The preparation employed in the following cases, was the tincture, made as follows:—

R. Rad contus. actææ, 3 iv.; alcohol (of specific gravity .835), Oi.

Weak or diluted alcohol does not extract the virtues of this agent, and preparations, made with inferior alcohol, seldom act except in enormous doses,—the pure alcoholic tincture being three times more active than the dilute.

CASE 1.—James Cattell, aged 28; admitted for amaurosis. While an inmate of the Eye Ward, was attacked with rheumatic pains in the hip-joint of the right side, extending downward to the knee and ankle. The whole of the left leg was subsequently attacked in the same manner, involving the surrounding muscles; pains most severe in the soft parts. He was ordered, while in the Eye Ward, by the physician in attendance, to be cupped over the hip-joint, and frictions with the linimentum saponis, which afforded only temporary relief. Discharged as incurable, April 1st, 1838, to the out wards, still affected with rheumatism. After leaving the hospital the rheumatic pains increased in extent and severity; advancing up the back, involving the shoulders, elbow-joints, wrists, and even the fingers.

<sup>1</sup> Dr. Beatty, (Dublin Medical Transactions,) Medico-Chirurgical Review, July 1831, p. 93.

<sup>2</sup> Extract from the manuscript lectures of Professor William Tully, of Yale College.  
E. A. A.

all use of the limbs, or flexion of joints was now entirely lost, and the pain became so severe as entirely to prevent sleep.

R. November 13th, 1837, ordered tinct. actææ racemosæ, gtt. xx. ter die, increasing the dose daily by five drops; in other words by fifteen drops in the day.

Nov. 14th.—He now takes thirty drops three times a day; pains much diminished, and motion of joints restored without pain, except in the left shoulder.

Continuentur medicamina.

Nov. 19th.—Takes fifty-five drops three times daily: slight narcosis has supervened,—indicated by a sensation of giddiness and dilatation of the pupils.

Suspend medicine for one day.

20th November.—Narcosis has disappeared.

Nov. 22d.—Eleven days from the commencement of treatment, pains in muscular tissue and in articulations have entirely disappeared; motions free and easy. Discharged cured.

CASE 2.—Mary Ann Reese (black), aged 27; admitted into the Black Women's Medical Ward, July 27th, 1838, for articular rheumatism. Born in Philadelphia; single; employed in house work; previous general health good. Taken on the 1st July with soreness over the whole body, followed by stiffness of the feet and legs, and tumefaction of the joints of lower extremities. A week afterwards, the shoulders, arms, and hands became swollen, painful, and stiff. Was bled to eight ounces, until faintness; purged with saline cathartics: diaphoretics, low diet, and the whole of the antiphlogistic remedies were tried by her physician with but very slight benefit previous to her entrance into the hospital.

July 28th.—Second day after admission. Can only walk a very short distance, with much exertion and severe pain; feet and hands much swollen, painful, sore when touched: sensation of heat experienced in the larger articulations of the extremities. Pulse of moderate volume, but rather weak. Ordered good diet and tinct. actææ, gtt. xx. quater in dies.

July 31st.—Patient has now taken forty drops of the tincture four times a day; can sit up, and walk to the window; limbs less painful, but still much swollen. Add five drops to each dose four times a day.

August 2d.—Actæa increased to fifty drops four times a day. Limbs less swollen; joints very much reduced in size; pains greatly diminished; feels decidedly better. Prescription as above, with the daily increase of five drops on each dose.

August 4th.—Now takes eighty drops of the tincture four times a day. No tumefaction of lower extremities or pain on motion; complains only of stiffness in the arms and shoulders. Continue the prescription as above, with the usual increase of five drops on each dose four times a day.

August 12th.—Actæa increased to one hundred and forty drops four times a day. Rheumatic pains have entirely disappeared from the muscles and articulations; motions easy and natural; was detained a few days in the ward in order to observe if any recurrence of rheumatism should take place.

August 22d.—Patient continues entirely well. Discharged cured; complete relief of symptoms having been produced in fifteen days from the date of admission.

CASE 3.—Margaret Miller, aged 37. Entered Women's Medical Ward No. 2, July 5th, labouring under severe articular rheumatism. Patient was born in Pennsylvania; is a widow; seamstress and washerwoman; previous general health good. On the 25th of December, 1837, while at work in the open air, on a wet rainy day, was taken with rheumatic pains in the shoulders, extending to both knees and feet, with tumefaction of joints of knees and legs, continuing until date of admission into the hospital.

Present state, July 26th, 1838.—Patient is a stout robust woman; complains of severe pain in both shoulders and knees, which are slightly tume-



fied, painful to the touch and on motion. Ordered of tinct. actææ racemosæ forty drops four times a day.

July 29th.—Pain very much diminished in all the articulations except that of the left shoulder; tumefaction of hands, knees, and feet, now almost disappeared; complains of slight pain in the head, neck, and back. Increase the tincture of actææ from forty drops to fifty, four times daily.

July 28th.—Pain now entirely ceased in all the limbs, and also in the body; no tumefaction. Urine greatly increased in quantity. Vertigo and dizziness of the head; throat dry and husky. Patient is under the narcotic influence of the actææ. Ordered to diminish the tincture from sixty to twenty drops four times a day.

July 29th.—Complains of pain in the extremities of the fingers; some slight nausea after the exhibition of medicine. Continue the prescription of yesterday.

July 31st.—No tumefaction or pain in the articulations. Convalescent. Continue the tincture as before.

August 2d.—Pain in hands and knees increased; swelling of knees very great, owing to a long walk she took to and from the city—distance three miles each way, in all six miles the same day, the weather being damp and windy. Increase the tincture again to fifty drops four times a day.

August 10th.—Pain now entirely absent from shoulders and other articulations; motions easy and natural; can walk readily and without pain. Transferred for conjunctivitis to Women's Surgical Ward, where there was no return of the disease. She soon returned to her friends in the city of Philadelphia, entirely free from any trace of rheumatic pains.

Although from the imprudence of the patient this case was retarded fully eight days, still it was met and overcome in fifteen days from the date of first treatment; and had not the patient exposed herself, in all probability, in the short space of seven days, she would have been relieved of a malady which had afflicted her fully eight months before she became the subject of medical treatment.

#### *Cases reported by Dr. A. M. Vedder.*

CASE 1.—Elizabeth Green (black); aged 19. In the winter of 1836, had pain and swelling of the articulations of the ankle-joint, continuing for three months; no palpitations of the heart or dyspnœa at the time. Was obliged to use a crutch for some time; was then treated with liniments only. Since subject to pains in the joints, especially in damp weather. Three attacks of rheumatic pains, each lasting a month, in the knee-joints, followed that of 1836. The present attack commenced about the middle of November, 1837, and was confined to the right ankle.

December 2d, 1837, present state.—Pain in right ankle. Patient is confined to her bed; attempts to walk at times, but it gives her severe pain; sounds of heart clear. Ordered the following prescription:—

R. Tinct. actææ racemosæ, gtt. viii.; tinct. opii, gtt. iii.; ter in die sumendas.

December 4th.—She was directed to increase the dose three drops daily; but instead of taking it according to the instructions, she took not less than sixty drops three times a day. Pains in the joints have entirely ceased. This morning, after the exhibition of this unusually large quantity, she became giddy, and vomited freely. Is now giddy; no nausea; pupils dilated; appetite bad; face swollen, particularly under the eyes; pulse 112, full and strong. Is slightly narcotised by the actææ.

The actææ was discontinued.

December 5th.—Less giddy; pupils about natural; pulse as before; slight pain has returned along with the appetite. She was now directed to use a stimulating liniment; and in the course of two weeks, the pain, soreness, and stiffness left her entirely.

CASE 2.—Elizabeth Miller, aged 24; is an assistant in the obstetrical ward. March the 20th, was attacked with severe rheumatic pains in both knees; the pain was excruciating, obliging her to lie in one position, and at times causing her to scream out. Pulse quick and frequent; sounds of heart clear; no palpitation or pain in the præcordial region. She was directed to take a dram of the tincture of the *actæa racemosa* three times daily; no other treatment.

March 25th.—Pains in the joints have increased. Augment the dose to two drams three times daily.

March 26th.—Pain is not less than yesterday; slept more last night; anorexia; cephalalgia; pulse frequent; lies constantly on her back, the least motion increasing the pain. Was directed to take half an ounce of the tincture three times daily.

March 27th.—Pains have almost ceased; slept better; no evidence of narcotism.

March 28th.—She is now walking about; has only a slight soreness in the knees. Medicine was discontinued on the 27th. The tincture used in this case was of inferior quality, being made of weak alcohol and of an old lot of the *actæa cimicifuga*, which was found among the drugs in the shop; the first tincture used in Case No. 1, where sixty drops narcotised the patient slightly, was made from a lot collected by Dr. Anderson himself, in Buck's county, in the state of Pennsylvania, where it grows profusely, and was the *actæa racemosa* and not the *actæa cimicifuga*.

*Remarks by Dr. Anderson.*—The sources of failure in the use of the *actæa*, it is probable, are the following:—1st. The substitution by the druggists of a different and distinct article; as, for instance, the root of the *leontica thalictroides*, which is often imposed upon them for that of the *actæa racemosa*, although it possesses other powers, and such as are not indicated in the same cases. The employment of the roots of other species—as, for instance, that of the *actæa rubra*, *cimicifuga*, &c., or collecting them at an improper season of the year:—the autumn is the proper time, after the decay of the top, and not the spring.

2. Bad pharmaceutical preparations; they should be made of strong alcohol, of the specific gravity of at least .835, and suffered to digest for twenty days before use.

3d. An inefficient employment of it. This agent should be pushed so as to produce some decided operative effect, and even at times slight narcosis; for here, as every where else in medicine, "*Neque pondus neque mensura sed levamen morbi.*"

4th. Depletion, either by the lancet, or by the saline cathartics, has seemed to me to be incompatible with the successful employment of this narcotic.

Although the *actæa* is not recommended as a specific in rheumatic affections, for it has occasionally failed in the hands of the undersigned, still, as one of our indigenous narcotics, he thinks it is entitled to a greater share of attention than it has yet received from many of the profession.

E. A. ANDERSON, A. M., M. D.

## ART. III.—CASE OF SUCCESSFUL EXTIRPATION OF A CANCEROUS LIP.

BY W. J. DUFFEE, M. D., OF MOYAMENSING.

Philadelphia, Dec. 15, 1838.

On the 16th of December, 1838, I was called to visit Mrs. Lily Paden, a native of Ireland, aged eighty years, who was labouring under cancer of the lip.

The history which she gave was, that about eight or nine years ago she observed a small lump in her lower lip, which was moveable, and felt like a shot. It continued slowly to increase in size, and was occasionally painful. A year ago it broke out into an open ulcer, which defied all treatment, and continued to spread until it had involved nearly the whole of the lip. The lymphatics have in no way whatever sympathised in the disease. The pain is stated to be constantly of the most excruciating character, and she earnestly solicits that something may be done in the way of a surgical operation for her relief, as she has been under the treatment of several respectable physicians, who stated to her that nothing short of a removal of the lip could in any way whatever afford a prospect of success. Having doubts in my own mind as to the propriety of an operation on a subject so far advanced in life, I mentioned the circumstances of her case to Professor Dunglison, who stated that her age was of no great importance, and as the disease was confined to the lip, he certainly should recommend its removal. I was inclined, however, to entertain different views of the case. The patient requested that Dr. B. H. Coates should be called in, with which request I was much pleased. We accordingly met in consultation, and this gentleman gave precisely the same opinion as that expressed by Professor Dunglison, and also suggested the semicircular, in the place of the V, incision, with the view of avoiding the loss of so much of the lip as must necessarily follow the operation by the latter mode. He also proposed to make use of a flat ligature for the interrupted suture.

On Thursday, Oct. 22d, at 11 A. M., Dr. Coates present, the patient was placed in a chair facing a strong light. I commenced the incision with a small scalpel near the left angle of the lip, carrying it under the tumour in a semilunar form, and terminating it near the right angle of the mouth, removing the whole of the diseased mass. The wound was sponged, and the blood flowed in streams from the coronary arteries. These were immediately taken up, and the ends of the ligatures cut close up to the knot. The edges of the wound were brought together by four stitches from before backwards, by means of the flat ligatures, as proposed by Dr. Coates, over which was placed a piece of patent lint, and the whole confined by means of a roller. The patient bore the operation with fortitude. There was scarcely any blood lost whatever. The next day the bandage was removed and the lip kept constantly wet with mucilage of flaxseed, on account of the difficulty of keeping dressings on the place.

The next day after the operation the stitches were cut and removed; the whole of the wound was found nearly closed by the first intention. On the twelfth day the ligature on the coronary artery of the right side came away; on the fourth day after, the other followed; and on the twenty-first day after the operation, the wound was perfectly healed, and the patient able to attend to her ordinary duties.

The advantages of the flat ligature were very obvious in the prevention of ulceration from their use, and also the great advantage arising from making the semicircular incision as regards obviating deformity—as it is observable in the subject of the present case, particularly when the mouth is closed. The only inconvenience she experiences from the removal of the lip, to use her own graphic words, is, “that it feels short when she laughs.” There

was no difficulty in restraining the hemorrhage, notwithstanding that, at her age, such might have been feared from the ossification of the arteries.

This patient has to attribute the performance of the operation to the opinions of Drs. Coates and Dunglison. As to myself I claim no credit for having been the mere operator, but am perfectly satisfied with the pleasing reflection that I have been instrumental in relieving her of one of the most loathsome diseases that has ever afflicted the human family.

W. J. DUFFEE.

#### ART. IV.—CASES OF EXTIRPATION OF THE PAROTID GLAND.

BY DR. RANDOLPH AND DR. SMITH.

It gives us pleasure to state that the parotid gland was successfully extirpated at the Pennsylvania Hospital, on Wednesday, December the 19th, by Dr. J. Randolph, in the presence of Drs. Coates, Harris, Horner, J. Rhea Barton, Norris, and several other physicians and surgeons, and a large class of medical students.

The operation was performed on account of a tumour of the parotid gland, which had attained considerable size, and was in a state of rapid progression. The extirpation of the gland occupied fifty-nine minutes, and upon a careful examination of the parts after its removal, it was unanimously decided by the surgeons and anatomists present, that the *whole of the parotid was completely removed*.

We are happy to say, that up to the present time (Dec. 24) the patient remains entirely free from any unpleasant symptoms.

A successful case of the same operation has been recently published by Dr. N. R. Smith, of Baltimore,<sup>1</sup>—now Professor of the Theory and Practice of Medicine in Transylvania University.

August 21, 1835, (says Dr. Smith,) my friend, Dr. T. M. Bond, Sen., requested me to examine a tumour on the face of Miss Bryan, the daughter of Charles Bryan, of Baltimore county. It was located between the left ear and the angle of the jaw, in the precise situation of the parotid gland. It presented an abrupt eminence, something in form like a pointed phlegmon—its base not broad. The tumour was hard, occasionally affected with lancinating pains, and tender to the touch. It very much disfigured the patient, and was stated to be increasing in a degree which caused much anxiety.

Both myself and Dr. Bond were inclined to regard the tumour as one which had originated in a lymphatic ganglion lying on the parotid, although we could not well define its base and extent in the direction of the zygomatic fossa. The history of the case, in our view, justified an operation for the removal of the part diseased, and I accordingly undertook it.

In the presence of several of my pupils, August 25, 1836, I commenced the operation by making a vertical incision from the zygoma to the angle of the jaw; and, deepening it, laid bare the external aspect of the tumour. On endeavouring to define its lateral limits with the knife, I soon discovered that I had to deal with the entire parotid, and proceeded accordingly. The disease affecting the organ, had, in regard to consistence and form, distinguished itself from the surrounding parts. It was much more globular than the healthy gland—had a more distinct envelope of cellular tissue, and had receded in a degree from its confined situation. Penetrating the posterior

<sup>1</sup> American Journal of the Medical Sciences, Nov. 1836, p. 59.

part of the tumour near its surface, I soon traced out the facial nerve (portio dura) and separated it from the tumour to a considerable extent. I then doubted whether to attempt to disengage the tumour from beneath the nerve, or to divide the latter. Anticipating great embarrassment in the execution of the first plan, and fearing that serious irritation would be necessarily inflicted upon the nerve, I at once divided it. Paralysis of the muscles of the face on that side instantly resulted.

I then cautiously proceeded with the dissection of the tumour. Penetrating between its diseased lobules on every side were occasional bands of cellular tissue. These I divided with great caution, as I expected to find some of them involving the branches of the external carotid, which emanate from the parotid. Thrusting the index of my left hand beneath the tumour, I made them successfully turn over its extremity; and carefully feeling for pulsation, I effected their division, sometimes with the knife, but more generally with a very narrow probe-pointed bistoury. When I felt pulsation I endeavoured to effect the laceration of the band with the finger, or the handle of a scalpel. Thus I proceeded till I had insulated the tumour with the exception of a single band attaching the upper and posterior part of the diseased mass to the deep temporal region. Occasionally there had sprung a small artery, but not furnishing sufficient blood to embarrass the operation. I now divided the last band which attached the tumour, and a single artery sprung with considerable impetuosity. This I secured without difficulty with the tenaculum. Had I felt any considerable pulsation in it, I should have included the whole band in a ligature before effecting its separation.

The tumour being now removed, I explored the cavity from which it had been taken. This extended quite to the styloid process, and the muscles arising from that point were seen with perfect distinctness. Not a vestige of any thing presenting the appearance of the parotid gland could be seen in the space usually occupied by it. Probably, however, that small process of the gland which extends forward on the cheek, termed *socia parotidis*, was left; but in the incision along the anterior border of the tumour I did not distinguish it or the duct of Steno. The tumour is in my possession, and is of the size of a very large hickory-nut.

The patient bore the operation with much fortitude. The wound was dressed lightly with lint and bandage. Inflammation to some extent arose, and some embarrassment of deglutition and respiration resulted. A common cataplasm was applied; and, on the occurrence of suppuration, the unpleasant symptoms abated. Cicatrization was effected in a few days, and all morbid sufferance ceased. The face, however, remained paralysed; and the eye suffered in some degree from the inability of the patient to close it. I saw this young lady some months after her recovery; and, at that time, the cicatrix remained healthy, and the paralysis of the face had decidedly diminished.

The extirpation of the gland in this case I accomplished with much greater ease than I had expected. The small amount of hemorrhage cannot fail to strike the reader with some surprise. It is to be accounted for, in my opinion, by presuming the obliteration of many of the vessels by the enlargement and morbid hardness of the glands; also by its displacement, in consequence of which traction was made on the vessels issuing from it.

This case furnishes facts which will aid to reconcile the opinions of anatomists and surgeons relative to the feasibility of the extirpation of this gland. The former, even to the present day, observing the extreme difficulty of dissecting the healthy gland, often declare its removal impossible. Surgeons, however, report numerous cases in which the operation has been unquestionably performed. I have seen the operation performed with success by Professor McClellan, of Philadelphia; and in that case also the hemorrhage was trifling, and from but a single vessel. The gland has also been removed by the late Professor Davidge of this city—by the late Professor N. Smith—by Professor Dudley, and, I believe, by several others in this country, as well as by numerous surgeons abroad.

The feasibility of the operation in these cases is, in my opinion, to be explained by the facts furnished in the above instance. The tumour in its growth had assumed a harder consistence than natural, without having imparted disease to the surrounding parts. It was therefore better defined than the healthy organ. It had also become spheroidal; and from its size and hardness, had necessarily receded from its confined situation. Its extirpation was therefore undoubtedly far easier than would be that of a healthy gland; and because of the obliteration of the vessels from causes named above, attended with far less hemorrhage.

#### ART. V.—CASES OF VACCINATION WITH VIRUS A FEW REMOVES FROM THE COW.

BY ROBERT BRIDGES, M. D., OF PHILADELPHIA.

[The testimony of Dr. Bridges, from his numerous opportunities as Vaccine Physician, and his capabilities as a practised observer, is valuable in regard to the genuine or spurious character of vaccinia. At first, he was disposed to hesitate as to the character of the disease induced by the new virus, owing to its having put on appearances similar to those mentioned in the last number of the "Intelligencer." He now, however, no longer doubts; and we think there can be no question, that the new will be a better protection than the old; but this matter can only be settled by experience. As yet but little virus has been obtained, because it was desirable to watch the vesicle through its stages, and the crusts have at times been lost by the nurse; but hereafter we shall doubtless be able to supply our brethren in the country. In the mean time, we would suggest to them not to make their applications to Dr. Bridges until a few weeks have elapsed. He will then, we think, be able to accommodate them.—*Ed.*]

Philadelphia, Dec. 25th, 1838.

Dear Sir.—Feeling much indebted to your kindness in sending me two of the vaccine points, which you had received from England, I transmit to you, as some slight return, an account of the results of their use in the two children vaccinated by means of them.

Nov. 21st, 1838, J. Levering, æt. 10 months, vaccinated by means of vaccine point marked "Estlin."

The end of the third day.—Small red lump at the point of insertion of the matter.

The end of the fifth day.—A round, pearly, umbilicated vesicle.

The end of the seventh day.—The vesicle has enlarged, but still retains its former characters, except a slight oozing of matter from near the centre. The child has been restless through the night; pulse excited.

Near the termination of the ninth day.—The vesicle totally empty, flaccid, surrounded by an inflammatory blush, which is irregular at its margin, mottled with spots of the colour of the surrounding skin, not well defined, but fading gradually into the adjacent skin; axilla tender; some fever yesterday; pulse still excited.

The above areola remained for several days, gradually fading after the eleventh day. The scab which was formed came off about the twenty-third day. It was irregular and corrugated, and did not present the appearances of a genuine vaccine crust.

The character of the areola in the above case, giving rise to some doubts as to the real nature of the disease communicated, I resolved in the next instance to test it, by the introduction, on the fourth day, of some vaccine

obtained from a case which had pursued its course in a regular manner. The course of the disease, and the result of the experiment in the following case, is well calculated to dispel any doubts which the former may have excited.

I can only attribute the irregularity of the latter part of the first case to a disturbance produced by a full evacuation of the vesicle about the eighth day, and previous to the formation of the areola, although the contrary was expressly stated by the mother of the child.

Dec. 1st, 1838, George Murray, æt. 1 year, vaccinated with a point marked "Estlin," left arm.

The end of third day.—Red lump at the point of insertion of the matter. Now inserted in the right arm from a child, æt. 3 months. This matter had of course undergone numerous transmissions through the human system.

The end of fifth day.—Left arm, a pearly, round, umbilicated vesicle. Right arm—a slight redness at the incisions.

Seventh day.—Left arm—vesicle enlarged, with same characters as on the previous day. Right arm—a red prominent lump, upon which, upon close examination, some appearance of a vesicle may be seen. Child restless at night. Pulse excited.

Ninth day.—Left arm—vesicle enlarged; no alteration in character, except that its surface approaches more nearly to a level, surrounded by a very regular, well-defined areola, accompanied by a tumefaction of the cellular membrane. Right arm—a small, round, pearly, prominent, but still umbilicated vesicle, surrounded by a smaller, but similar areola to the foregoing. Said to have had much fever yesterday. Skin hotter than natural. Pulse excited.

Fifteenth day.—Left arm—vesicle increased in diameter one third since the ninth day; black in the centre, and still surrounded by distinct remains of the areola. Right arm—vesicle changed into a prominent scab, with a slight redness at its base.

Twentieth day.—The vesicle on the left arm converted into a dark mahogany-coloured scab. Did not scab completely until yesterday, at which time, also, the last traces of the areola faded away. The scab fell yesterday from the right arm.

Twenty-fourth day.—The scab not having been completely consolidated has been broken, and a part detached, leaving a surface covered with matter; the central part, together with the remainder of the scab, being still firmly fixed to the arm.

This latter case varies in some respects from the course of the disease produced by the matter in common use here, which has been repeatedly transmitted through the human system. There was more febrile action than is usual. I have also been in the habit of seeing the vesicle commence to blacken on the ninth or tenth day and form a scab, and fall off from the arm as early as the fourteenth day, and never to remain on after the twenty-second day; whereas, in this case, the scab was not fully formed until the nineteenth day, and remained firmly attached, even after the twenty-third day. The difference in these points appears to be in favour of the new matter, as the course agrees more nearly with the descriptions of the European writers.

I am fearful that I shall not be able to obtain any of the matter for propagation; for, being desirous of allowing the disease to run its course completely undisturbed, I did not take the precaution of procuring any points, but depended upon Bryce's plan. Should I, however, procure even a portion of the scab, I shall use it upon some healthy children, from some of whom I shall procure points, and allow others to run their course to form scabs.

With much respect, I remain yours, &c.

ROBERT BRIDGES.

*Robley Dunglison, M. D.*

## BIBLIOGRAPHICAL NOTICES.

*Professor Joseph A. Eve's Introductory Lecture.<sup>1</sup>*

It appears to be the custom in the Medical College of Georgia to assign to some one of the professors the office of welcoming the class, by an appropriate introductory discourse. On this occasion, the duty devolved on Professor J. A. Eve, who has executed it in a manner creditable to his taste and judgment. The following exhortatory remarks will show that these encomiums are not improperly bestowed.

"The strong desire I feel for your improvement, prompts me to urge upon you, with all possible emphasis, the indispensable importance of employing all your time, with the greatest assiduity and industry to acquire and retain knowledge. Every minute lost *now* is lost *forever*! Were you to live a thousand years, you could not redeem one moment of misspent time. Every hour has its own occupation, and you cannot crowd into it the concerns of another. Your respectability and success in the profession will depend, in a great measure, upon the improvement you make of your present opportunities—if they are not improved, the loss is irreparable,—no future industry, no subsequent efforts can make atonement for it; but if properly improved, the benefit will be experienced through your whole life, and the full amount of good resulting not to be estimated, until you shall have terminated your professional labours. Far more valuable than gold, knowledge is not lost in using, but improves, grows brighter, the more it is employed. Knowledge has, by the author of the inductive philosophy, been very appropriately styled 'Power:' knowledge in medicine is indeed power of the highest and most noble order—power approaching nearest to Divine—it is truly God-like in its nature—it is power to heal the diseases and relieve the sufferings of our fellow-creatures: in no business or occupation in life does man exercise an office more Heavenly, in none is he enabled to follow more closely the footsteps of his Divine Master, who went about doing good, healing the sick, relieving the distressed, and comforting the poor. How glorious a vocation!—how supremely calculated to ennoble and exalt human nature!—how eminently productive of the highest happiness and most refined pleasure to him who practises it, with proper motives and under the influence of correct principles and feelings!—how important then, that, in qualifying yourselves for such a profession, no time be lost in trifling amusements and frivolous pursuits! Should you find hereafter, when the duties of this profession devolve upon you, that time misspent, and opportunities unimproved, have left you unprepared to discharge them aright, how condemned would you feel before the tribunal of your own conscience,—how guilty in the sight of Heaven! The present is the time to prevent the future upbraidings of your conscience, to deliver yourselves from the lacerating thoughts that must ever torture those who have neglected to lay up stores of knowledge, in proper season, against the days of need. When called on as the sick man's only hope, when wife and children, with streaming eyes and groans of anguish, look to you to rescue the husband and the father from the grasp of death: and when convulsively struggling with the grim monster, in his agony he cries to you for help, how bitter would be your remorse, should your inability to afford relief be chargeable to your indolence or neglect—should it be the consequence of your having failed to qualify yourselves for the high and solemn responsibilities you have assumed. In an hour so awful,

<sup>1</sup> Introductory Address, delivered at the opening of the session of the Medical College of Georgia, on the second Monday of November, 1838. By Joseph A. Eve, M. D., Professor of Therapeutics and Materia Medica. Published by the class. 8vo., pp. 24. Augusta, 1838.



so fraught with grief, how terrible then to be constrained to mourn over murdered time, and opportunities forever lost! Could I do justice to my feelings, and in force of expression equal the intensity of my interest for you, I would so forcibly impress upon your minds the importance of improving every moment of time, that your collegiate life, the period of your pupilage, would always afford you pleasure in retrospection—you should ever be enabled to look back with delight on time well spent and opportunities improved:—in the discharge of your responsible duties,—in every trial and difficulty, you would be sustained and cheered by the invigorating confidence that you are prepared to do all that man can do.

“Whilst I would most heartily congratulate you upon entering the profession at such an auspicious period, when medicine has been elevated far above its former position—when medical education has been rendered more complete—when higher honours and rewards are promised those who will seek them with adequate zeal and industry; I should not fail to remind you that much more will be required of physicians henceforth than heretofore—that moderate attainments and limited qualifications will no longer suffice:—correspondingly greater labours and sacrifices will be demanded:—medical science must be cultivated with more ardour and assiduity; there must be more time devoted to study; more untiring perseverance and industry in the chancel house, the museum, the laboratory and the infirmary.

“The field before you is wide and fruitful; but without proper culture it will yield no harvest; self-indulgent ease and indolence will reap no reward but contempt and shame! If you would rise to eminence and distinction in your profession, you must pay the price—‘Laborious watching, toil and care.’ You must turn away from the blandishments of pleasure, the delightful converse of friends, the fascinations of the social circle, to trim your lonely midnight lamp: you must leave the gay and festive scene to familiarise yourselves with the sick, the dying and the dead. It will not be yours to contemplate human nature in its strength and majesty—its beauty and loveliness; your study will be humanity in its weakness—in its most distressing and appalling forms—in decay and ruins. But are not the inducements sufficient—the recompense most ample, to compensate you for all the sacrifices you shall make; for all the privations you shall suffer; for all the labours you shall undergo? The profession of your adoption will afford you field for the employment of the noblest faculties and exercise for the most exalted benevolence and heavenly charity: the gratitude of the widow and the orphan, the blessings of the poor, the respect and regard of the wise and virtuous, the approbation of your own consciences and the approving smile of heaven, shall be your rich reward,—a reward far more glorious and worthy of aspiration than heartless fame or sordid wealth!”—p. 24.

#### *Professor Henry Miller's Introductory Lecture.<sup>1</sup>*

This is an admirable topic, and one which has formed the basis of different introductory lectures which we have ourselves delivered. We are not disposed to scan these ephemeral productions too closely; but it appears to us, that the author's views might have been more forcibly expressed if he had descended somewhat from the lofty flights in which he has indulged; although we admit that this is a matter of taste. For example, in elucidating his views of the necessity of a correct knowledge of experience, he remarks:—

“The interests of science and humanity demand that medical experience, as it has hitherto existed, should be stripped of its meretricious disguises

<sup>1</sup> On The True Value of Experience in Medicine; an introductory lecture, delivered the session of the Louisville Medical Institute for 1838-39. 8vo., pp. 21. Louisville, '8.

and exhibited in its true colours. So long as it shall be permitted to measure its altitude by length of years, physicians will be content to quietly sit down until time shall bestow the gray hairs and wrinkles, which will be their passport to the honours and emoluments of their profession. But how shall the mask be torn from it and the public mind be disabused? Not by lectures or any other form of argumentative appeal, for it is too securely ensconced in the immemorial recognition of its claims, and its exposure exacts a longer process of ratiocination than the multitude are careful or competent to institute. But there is a form of appeal, which, addressing itself to the perceptions of every one, will be heard and prove efficient; we allude to the increasing number of young men who go forth annually from our medical schools, bearing not merely the honours but the mature fruits of the science, and prepared, in a good degree, to dispense them at once to the sick. For this they are indebted to the extension of the means of clinical instruction, and the improved methods of imparting it, familiarising them with disease and initiating them into the manual exercises of the profession; which, though only the opera minora, is the sum of what often passes current as experience in medicine.

"Such experience cannot continue to receive the tribute it has heretofore exacted; nay, to preserve its existence as a badge of distinction, those who aspire to, must merit its prerogatives by the actual contributions they make to medicine, by the discovery of new truths or the correction of errors which have hitherto disfigured it. To them and to them alone rightfully belongs the rank of Nestors in their profession; they, and only they may claim to be heard on account of their experience in medicine."—p. 20.

The following reference to Louisville, with which the lecture concludes, strikes us as not the least exceptionable in point of style.

"In adverting to the advantages of Louisville, and predicting success to the Medical Institute, I shall not be charged, I hope, with glorifying my able colleagues, much less my humble self. I know that all flesh is grass, and the glory thereof the flower of grass; the institute does not depend on the frail tenure of the lives of its present professors,—much less does it breathe through the nostrils of a single one, but fostered by the affection of an intelligent and enterprising community, it derives its vitality from the immutable fiat of nature."—p. 21.

#### *Rowland on Neuralgia.*<sup>1</sup>

This new work, which forms a handsome volume in the English edition, and may be obtained in this city for *two dollars and a half*, is published in the "Library" for about *thirty-three cents*.

It is reprinted as a monograph: and will be found to comprise what is known on the subject of which it treats.

*University of the City of New York.*—We learn by the public prints that the following gentlemen have been appointed to chairs in the Medical School of this institution. *Physiology*, Dr. A. Sidney Doane: *Surgery*, Dr. Parker: *Chemistry*, Dr. Draper: *Operative Surgery and Surgical Anatomy*, Dr. J. C. Beales: *Hygiène*, Dr. Caleb Ticknor: *Clinical Midwifery*, Dr. Mc. Vickar: *Pathological Anatomy*, Dr. Clark: and *Clinical Surgery*, Dr. Watson.

<sup>1</sup> A Treatise on Neuralgia. By Richard Rowland, M. D. Member of the Royal College of Physicians of London; Physician to the City Dispensary. 8 vo., pp. 173. London, 1838.

*Philadelphia Hospital (Blockley).*—Dr. Charles Bell Gibson has been appointed one of the physicians to this institution, in place of Dr. Ashmead, resigned. Dr. Gibson's opportunities, both at home and abroad, for becoming well instructed in his profession, have been ample; and we doubt not that his appointment, as one of the medical officers of this hospital, will be of mutual benefit to the physician and to the institution.

*Works Preparing for Publication.*—Medical and Physiological Commentaries. By Martyn Paine, A. M., M. D., Professor of the Theory and Practice of Medicine in the University of the City of New York, and author of Letters on the Cholera Asphyxia of New York. "The subjects examined relate to obscure and controverted questions in Pathology, and embrace a critical review of some of the most important doctrines in Physiology and Medicine."

Billard's Treatise on the Diseases of Infants, founded on recent Clinical Observations and Investigations in Pathological Anatomy made at the "Hospice des Enfants Trouvés," at Paris, under the superintendence of Mons. Baron. Translated from the third French edition, with notes, by James Stewart, M. D., late Physician to the New York Orphan Asylum, and one of the Consulting Physicians of the Northern Dispensary of the City of New York.

Both these works are to be published by subscription—Mr. Adlard, of New York, publisher.

#### BOOKS RECEIVED.

*From Professor Charles Davis, of Georgia.*—Introductory Address, delivered at the opening of the session of the Medical College of Georgia, on the second Monday of November, 1838. By Joseph A. Eve, M. D., Professor of Therapeutics and Materia Medica—Published by the class. 8vo., pp. 24. Augusta, 1838.

*From the Author.*—A System of Anatomy for the use of Students of Medicine. By Caspar Wistar, M. D., late Professor of Anatomy in the University of Pennsylvania, with notes and additions. By William E. Horner, M. D., Professor of Anatomy in the University of Pennsylvania—seventh edition. Entirely remodeled and illustrated by numerous engravings. By J. Pancoast, M. D., Lecturer on Anatomy and Surgery, one of the Surgeons of the Philadelphia Hospital, Fellow of the College of Physicians, &c. 2 vols. 8vo., pp. 491, 560. Philadelphia, 1839.

An Appeal to the People of Pennsylvania on the subject of an Asylum for the Insane Poor of the Commonwealth. (By a Committee, of whom the editor is chairman,) 8vo., pp. 24. Philadelphia, 1838.

*From T. R. Colledge, Esq., President of the Medical Missionary Society in China.*—The Medical Missionary Society in China: address, &c. 8vo., pp. 29. Canton, 1838; with pamphlets explaining the objects of the society.

*From do. do.*—A brief account of an Ophthalmic Institute during the years 1827, 28, 29, 30, 31, and 32, at Macao, by a Philanthropist. 8vo., pp. 56.

*From the Author.*—Thoughts on Medical Education in America. An Introductory Lecture, delivered in the Chapel of Morrison College, to the medical students of Transylvania University, on the 11th November, 1838. By Robert Peter, M. D., Professor of Chemistry and Pharmacy in the Medical Department of Transylvania University. Published at the request of the medical class. 12mo., pp. 22. Lexington, 1837.

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## ART. I.—ON THE PULSATIONS OF THE FŒTAL HEART AND THE UMBILICAL CORD IN UTERO.

BY THE EDITOR.

In the work of Professor Hamilton, of Edinburgh, which has been reprinted in the "Library,"<sup>1</sup> some remarks are made by its able and experienced author on the subject of auscultation, that are not characterised by the freedom from undue prepossessions which should be expected from a man of unquestioned and unquestionable science. He admits, indeed, that he has never investigated the point: "for the plain reason that he has not met with a case during the last thirty years, where he could not ascertain pregnancy after the fifth month (where the infant continued to live)," by the marks previously understood, and which he enumerates.

It is, however, to the following observations of Professor Hamilton that we are especially desirous of attracting attention:—

"Almost half a century has elapsed since he remarked, that in infants who did not breathe upon birth, but in whom the pulsation in the chord continued, the action of the heart did not exceed sixty pulsations in the minute till breathing took place, when it became so frequent that it could not be numbered. This led him to take every opportunity (when he had occasion to introduce his hand into the uterus to extract the infant) to endeavour to ascertain the action of the fœtal heart before birth, and he has in no instance ever discovered it to be more frequent than in the still-born infant whose cord beats. This fact he has long been in the custom of stating in his lectures, and it has been confirmed within these fifteen years incidentally by several foreign authors.

"Now, it is certainly possible in the cases which have fallen under his observation, that the actions of the fœtal heart had been different from what they usually are, but it is not probable that he could have repeated his conviction of this slow action, year after year, as consistent with his experience, unless he had found it to be true.

"Since the publication of Dr. Evory Kennedy's book, the author's attention has been still more particularly directed to this subject, and as far as his own observations warrant, his opinion has been confirmed. In one case the patient, when between five and six months pregnant, suddenly felt, in the act of having relief in her bowels, the liquor amnii discharged, and the umbilical cord of the infant forced down. For many hours no uterine contractions followed, but the pulsation in the cord continued, and the occasional movement of the infant was distinctly perceived on applying the hand.

<sup>1</sup> Practical Observations on Midwifery (American Medical Library edition), page 1.

to the abdomen. The author carefully counted the pulsations in the cord innumerable times, and they never exceeded sixty in the minute.

"A lady at the full period of pregnancy, awakened from her sleep in consequence of a sharp pain, followed by the discharge of water, and the protrusion of the cord. Two hours elapsed before uterine contractions took place, and during that time the author had many opportunities of ascertaining that the pulsations in the cord did not exceed sixty. Within a month after that date he was called to a similar case, where three hours intervened between the protrusion of the umbilical cord and the accession of uterine contractions, and during all that time the number of pulsations was the same as in the two former cases.

"A very short time after this, a case occurred where, previous to the rupture of the membranes, it was ascertained that the navel-string preceded the presenting part. Its pulsations were repeatedly reckoned, and they did not exceed sixty in the minute. As the liquor amnii was in considerable quantity, and as the pulsations of the cord were reckoned during the intervals of the pains, the pressure of the uterus upon the infant could have no influence.

"At the author's request, his friend and old pupil, Dr. Sidey, has, for a twelvemonth past, paid particular attention to the action of the heart of the infant, where breathing did not take place upon birth, but where it was eventually established and the infant recovered. His report is, that in eight cases of that description, the action of the heart, previous to any effort at breathing, was from fifty-six to sixty pulsations in the minute."

In the above remarks, Professor Hamilton finds his own views corroborated; but he candidly adds the following results of observations by Dr. Moir, which lead him to admit, that after a certain period of pregnancy, the application of the stethoscope furnishes a satisfactory test of the condition.

"Notwithstanding the conviction which the author's experience has involuntarily forced upon him, that there must be some fallacy in the observations of those who have supposed that the stethoscope can detect the pulsations of the foetal heart, he was anxious to have Dr. Kennedy's experiments repeated; and he requested his friend, Dr. John Moir, on whose intelligence and veracity he can place the most implicit reliance, to conduct those experiments. Dr. Moir's report is in substance the following:—

"In ten cases in the Edinburgh General Lying-in Hospital, during the months of August and September, 1833, where the patients were above seven months pregnant, he distinctly perceived the *bruit de souffle* synchronous with the woman's pulse, and also a pulsation which he considered to be that of the foetal heart, and which varied from 120 to 144 in the minute. In one case, when making the examination, the infant moved violently, and the pulsations were accelerated 12 or 14 in the minute.

"Dr. Moir has, since that time, met with five cases requiring the operation of turning after the liquor amnii had been discharged. In one of those cases (October 27, 1833) an opiate was given previous to undertaking the operation, in consequence of which the uterine contractions were suspended. On applying the stethoscope during the suspension, the pulsations of the foetal heart were found to be 100 in the minute. But when the hand was introduced in order to perform the operation, uterine contractions recurred, and the heart of the infant was felt to beat 70. Again applying the stethoscope, without withdrawing the hand, the pulsations heard through it corresponded exactly with those which were felt in the heart, both being 80. Dr. Moir felt that every uterine contraction lessened the action of the foetal heart, but whenever the pains went off, that action was invariably accelerated.

"In the second case, (6th May, 1834,) where the placenta was over the os uteri, the stethoscope indicated the number of pulsations of the foetal heart to be from 120 to 130; and on introducing the hand into the uterus

the pulsations were ascertained to be 124, but on a labour-pain taking place they were reduced to 90. When the pain ceased, the action gradually increased to its former frequency, and on the accession of every pain again lessened. This diminution of frequency was not uniform; the number at one time, and only once, fell to 80.

"The very same results were observed in the next two cases. The urgency of the symptoms requiring instant delivery in the fifth case, prevented the application of the stethoscope.

"These facts, testified by Dr. John Moir, confirm most satisfactorily Dr. Evory Kennedy's opinions on this subject, though they render the author's observations very inexplicable. In the cases of the prolapsus of the cord which he has witnessed since Dr. Kennedy's book fell under his notice, there were no uterine contractions for hours, and yet the pulsation in the cord did not exceed 60. In one of the cases, too, the liquor amnii was not discharged. In the cases where the author has had to perform the operation of turning for the last two years, the symptoms have been too urgent to afford him any leisure to feel accurately the state of the infant's heart while still in the womb."

To us, who have had so many opportunities of hearing the pulsations of the fœtal heart *in utero*, it would seem in the highest degree astonishing, that an individual of Prof. Hamilton's experience could question the fact, were it not that he admits he has never attempted to verify or disprove it. It would be still stranger, however, were his observations accurate,—that whilst the fœtal heart has been generally counted beating 130 or 140 times in a minute, the umbilical cord should not pulsate more than 50 or 60 times. Although satisfied of the inaccuracy of his deductions, we have repeated our own observations. Not many cases occur in which there is a good opportunity for examining this point. The best are those in which turning becomes necessary, but the practitioner is then so anxious to relieve his patient from suffering, and so absorbed with the operation, that the opportunity can rarely be embraced. Where the cord protrudes this can be accomplished; and at times after the child is born. In these cases we can confirm the statement of our able friend, Dr. Meigs, in a note on this matter with which he has recently favoured us;—who says, that he has very carefully observed the pulsations of the umbilical cord, while the ear was applied upon the region of the heart, and in every instance the pulsations were isochronous.

The truth would seem to be, that in the cases examined by Prof. Hamilton, owing to the influence of the parturient efforts on the function of innervation, and through it on the circulation, the pulsations of the fœtal heart were unusually depressed; but in every case he would, doubtless, have found them isochronous with those of the umbilical cord, had he made the trial. It is obvious, indeed, that they must be so, seeing that the umbilical arteries are but a part of the circulatory apparatus of the fœtus. In a case observed by Dr. Vedder, an intelligent and zealous resident physician at the Philadelphia Hospital, whose name often occurs in these pages, and whose attention was directed to this subject at our request, he noticed, that while the uterus was quiescent the pulsations numbered 140 per minute; but that immediately succeeding a pain they were only 96, and then gradually rose to 140. After delivery, the cord and fœtal heart beat respectively 134 in the minute.

The observations of Professor Hamilton should not, therefore, be per-

mitted to weigh with the observer. They are imperfect, inasmuch as the pulsations of the foetal heart were not attended to whilst he numbered the beats of the cord; and consequently they in no respect conflict with the observations of almost every other obstetrical physiologist, that the sounds actually heard during pregnancy, referred to the foetal heart, are owing to the pulsations of that organ.

## ART. II.—CASES OF POISONING BY VINUM COLCHICI.

REPORTED BY LEONARD C. MCPHAIL, M. D., OF THE MEDICAL STAFF, U. S. ARMY.

Poisoning by the colchicum autumnale, or any of its preparations, is rarely met with by the medical practitioner: nor do the records of legal medicine afford us many examples of premeditated death produced by the designed exhibition of such vegetable products, whose poisonous principle is *veratrine*—hence the following extracts from my case-book may prove of interest. I have to regret that no post-mortem examination was made in the case of sudden death of I. A. P. At the time I was in the sole charge of more than one hundred and fifty cases of disease with the forces, and, besides, in ill health myself, which precluded the possibility of pathological observations that I much desired to make.

"I. A. P., private, Co. E, U. S. Marine Corps. On my arrival at Fort Deynaud, on the Sany-bel River, Florida, found him labouring under symptoms simulating very much those of Asiatic cholera—constant sero-mucous (rice-water) ejections and purgings, thrown off with considerable force; cramps of the abdominal muscles and of the flexors of the arms and legs; cold surface, tongue, and breath; mottled skin and bluish nails; features shrunken, and at times expressive of great agony; eyes sunken and watery, with *contracted* pupils.

"Expressing my surprise at the state of the patient, I was shown a porter bottle, labelled 'Vinum Colchici,' and was told, that he being an hospital attendant, and having access to the stores, had, with some of his comrades, exhausted the whole supply of liquors for the command, and feeling the 'horrors' coming on, he searched for more, and being led by the nose alone, had hit upon what he supposed to be a bottle of madeira, and with characteristic generosity he gave a *glass* of the contents to some comrades, telling them to make much of it, as he believed it the *last*, and *swigged* off the remainder himself, which proved more than a *pint*. Little did the poor fellow think, when he spoke in jest of the 'last glass,' that it would prove truly so to himself and two others, and dangerously affect another. He and his comrades have fallen—victims, if not directly to the vice of intemperance, (which is, unfortunately, the besetting sin of our army, and the fruitful source of most crimes calling for court-martials and punishment,) at least to one of its consequences, the loss of moral principle leading to theft.

"When first seen, I. A. P. was beyond hope, the poison had been taken the day before (Feb. 1st, 1839), and he was now labouring under its uncontrollable effects—a judged violent inflammation of the gastro-intestinal mucous lining, with induced hyperæmia of the cerebro-spinal serous envelopes—as subsequent experiments made by me with the colchicum have produced these effects in some inferior animals, particularly in the rabbit dog, and sheep. As far as could be ascertained, death in this case occurred in less than forty-eight hours after taking the poison.

"Corpl. P. and private T., both of Co. D, U. S. Marines, came on sick report on the 6th Feb. with symptoms simulating chronic dysentery,—sandy guineo-mucous stools, great tormina and tenesmus, and cramps of the extremities; and I did not discover, until they had been under treatment for seven

days, that they were boon companions of I. A. P., and were concerned with him in the unfortunate scrape of drinking colchicum wine. Cupping, vesication, stuping, poulticing, and warm-bathing, dieting, mucilaginous drinks and medication *sec. art.* having proved fruitless in their treatment, they were sent to General Hospital, Tampa Bay, for change of air and better accommodations, but without hope of restoration, as the tongue and fauces indicated an incurable condition of the mucous apparatus of digestion. Both died some weeks after."

Has the editor's extensive experience ever furnished him with a *certain* test for veratria, and any antidote to the poison, when taken in its chemical state, or in that of natural combination, as met with in the colchicum autumnale and one or two of the Hellebores?

L. C. MCPHAIL.

[We have never met with a case of poisoning by either the alkaloid in question, or any of the substances from which it is obtained. Bromine, chlorine, and iodine are said to be antidotes to the alkaloids generally, and may therefore be administered in such cases.—*Ed.*]

### ART. III.—CASES ILLUSTRATING THE USE OF THE FORCEPS. No. 4.

BY S. A. COOK, M. D., OF BUSKIRK'S BRIDGE, NEW YORK.

(Concluded from page 296.)

Buskirk's Bridge, Dec. 29, 1838.

A third objection to the use of the forceps is, that they are liable to abuse. Dr. Denman, whose high professional character has perhaps too often given to his opinions an undue influence, asserts, that "whoever will give himself time to consider the possible mistakes and want of skill in younger practitioners, which I fear many of us may recollect; the instances of presumption in those who by experience have acquired dexterity, &c.; will be strongly impressed with the propriety of the rule, that the use of instruments of any kind ought not to be allowed in the practice of midwifery from any motives of eligibility."<sup>1</sup> And Dr. Collins "considers the forceps, when used with prudence, a most valuable instrument; but its utility is greatly lessened by the injury so frequently inflicted on the patient by having recourse to it when no instrument is necessary."<sup>2</sup> It will readily be conceded, that the forceps, or any other instrument should never be applied in the practice of midwifery from mere motives of preference on the part of the practitioner; and that when used without skill or necessity, they expose the patient to danger, and probably often to serious injury. Yet it would be inconsistent with the principles that govern us in the general application of remedies to withhold them on this account, where we have rational evidence that their use might diminish suffering or avert danger. Besides, if the possibility of their being abused, or the fact of their having done great injury from this cause, be allowed to militate against their use, in opposition to what efficient agent may not like objections be urged. Were we carefully to examine the catalogue of therapeutical Sampsons, we should probably find that many, very many of them, in the hands of ignorance and rashness, are annually destroying their thousands; and were we to pursue the enquiry to its ultimate results, we might perhaps arrive at the same con-

<sup>1</sup> Denman's Midwifery (New York, 1829), p. 438.

<sup>2</sup> Collins's Midwifery (Select Library edition), p. 13.



clusion in regard to the agency of medicine in the counteraction of disease, that a learned writer and able teacher<sup>1</sup> has, with regard to the agents under consideration;—that though to individuals it may have been an advantage, to mankind collectively it has been “an evil and a curse.” It cannot, however, be considered rational to forego the advantages derivable from the skilful employment of an efficient remedy merely because ignorance may pervert its use, or rashness render it destructive. Admit this as a rule and it would shut out all the active remedies that the observations of centuries have placed at our disposal, and the physician would be compelled to see the lancet, opium, mercurials, &c. fall successively from his hands, until he found himself divested of every thing capable of combating disease.

Such are some of the more common objections to the use of the forceps; objections to which any agent whatever is liable, if modified so as to be adapted to its specific operation: and which can only be rationally urged against their unskilful and unnecessary application. Equally serious consequences follow their neglect when necessary; and if the situation of the child's head admit their being applied with ease, and the labour be making no progress, it appears to me that the practitioner is not justified in waiting the approach of symptoms threatening the life of the mother, or for “that cessation of pain which is the consequence of long-continued fruitless action and great debility;”<sup>2</sup> the fact of the action being fruitless alone calling for immediate interference without waiting its long continuance. Under these circumstances few cases remain long stationary, and though many, where instruments appear to be indicated, might terminate safely if left to nature, yet this successful issue may be only a fortunate escape, and does not prove that unnecessary danger has not been incurred. The soldier frequently escapes unscathed amid the carnage of battle, and the mariner from the more fearful perils of shipwreck, yet who would question the hazard. By the long continuance of the child's head in the pelvis, the parts become swollen, tender to the touch, predisposed to inflammation and its fearful consequences, which have hitherto been alluded to; and the fruitless and repeated contractions of the uterus are frequently followed by inflammation of the abdominal and pelvic viscera, all of which are too often the consequence of delays, arising from a causeless dread of instrumental interference. And farther, the practitioner who is in the habit of making “Nature's last necessity his only indication for the use of the forceps,” as a consequence applies them rarely. Dr. Collins estimates their necessity from the data afforded by the practice in the Dublin Lying-in Hospital during his mastership, at about 1 in 608 deliveries. “According to this calculation most physicians in private practice would require to use them but seldom, as supposing an individual to attend four thousand cases in the course of his life, which is a greater number than falls to the lot of most men, the forceps or lever would be necessary in little more than six cases.”<sup>3</sup> Yet such cases, demanding their application from such individuals, would be terrible indeed: not only from their own inherent horrors, but from a necessary want of skill in the operator; for it appears to me a rational conclusion, and one not only suggested by analogy but sanctioned by experience, that he who according to this calculation applies the forceps or lever but once in six or eight years, and then only when life is in immediate and extreme peril, can rarely apply them with sufficient skill to do credit to himself, or afford safety to his patient; while he who resorts to them early, before such fearful demonstration of their necessity arrives, though he may occasionally apply them where the unaided energies of the system might in the end prevail, yet from habit he attains more tact, and in their employment will rarely if ever injure his patient. Another and still more dreadful result of neglecting to resort to

<sup>1</sup> Dr. Blundell.

<sup>2</sup> Denman's Midwifery, p. 439.

<sup>3</sup> Dr. Collins's Treatise on Midwifery, p. 13.

the forceps before the arrival of the more dangerous symptoms of exhaustion, collapse, &c., is the necessity that often arises at this late hour, in order to save the mother, of administering the crotchet, where by an early application of embryospastic instruments, while time would yet allow gentle and moderate assistance, might have prevented the necessity of sacrificing the child.<sup>1</sup> And while I would distinctly acknowledge it to be the duty of the accoucheur in extreme cases to afford to the mother every chance of safety in his power, at whatever sacrifice to the child, yet I cannot but view the crotchet as the most terrible instrument that science has placed in the hands of the profession, and hence we should not only require the most unequivocal evidence of its necessity before resorting to it, but should, wherever possible, anticipate and prevent such a dreadful necessity. The idea that such a conclusion would be the natural result of a careful examination of the records of the Dublin Lying-in Hospital, and the melancholy disproportion it presents between the use of the two instruments, must have suggested to Dr. Collins the necessity of an apology, which he consequently attempts, "The crotchet," he says, "is used by many as frequently as in our hospital, and by others much oftener, notwithstanding the forceps being in constant requisition;"<sup>2</sup> and to confirm this statement, he presents a list of registers kept by different individuals, some of whom are acknowledged as the most eminent in the profession; the practice of a few justifying the assertion, while that of the aggregate contradicts it *in toto*; at the same time presenting the most satisfactory evidence of the truth of the position for which we are contending. To exhibit this in as little space as possible, let us divide his registers into two classes: those in which embryospastic instruments were more frequently used, and second, those in which the embryotomic were more frequently called into requisition. Of the first class he presents an aggregate of 41,823 cases, in which the forceps were used 578 times, or in the proportion of 1 in every 72 cases; and the crotchet 80 times, or 1 in every 523 cases. In the second class we find Dr. Bland, of the Westminster General Dispensary, in managing the delivery of 1897 cases, administering the forceps 4 times, or 1 in every 474 cases; and the crotchet 8 times, or 1 in every 237 cases. In the Dublin Lying-in Hospital, Dr. Clark, in 10,199 cases, administered the forceps 14 times, and the crotchet 49 times. Dr. Collins, in 16,654 births, used the forceps and lever 27 times, and the crotchet 118. Total in the Dublin Lying-in Hospital, 26,853 cases. Delivered by forceps 41, or 1 in every 665 cases; crotchet used 167 times, or 1 in every 161 cases. So that even from the data presented by Dr. Collins, imperfect as they are, the conclusion must irresistibly force itself on the mind of the reader, that the child has frequently been sacrificed to a causeless dread of the forceps. The influence of these examples has undoubtedly occasioned the crotchet to be frequently used, where the forceps would have answered equally well, as far as the mother was concerned; indeed Dr. Beatty affirms, that "he has been called to many cases where the perforator was ready on the table for the destruction of the fœtus,

<sup>1</sup> I cannot better illustrate the truth of this statement than by introducing the following case from Dr. Collins's excellent treatise on Midwifery, (Select Lib. edit. p. 227.) "No 150 was forty-eight hours in labour in the hospital, the waters having been discharged a considerable time before admission. For several hours after she came in, the labour pains were neither severe nor frequent; however, the uterus afterwards acted well, and the head was forced so low as to cause the scalp nearly to protrude, when it remained stationary for twelve hours. The ear could be distinctly felt next the pubes, and there was sufficient room toward the sacrum to admit the introduction of the forceps with ease, yet in the transverse direction of the outlet there was evidently a diminution in size. It was thought, however, as the head was so low, by gentle assistance it might be got down; no force, notwithstanding, consistent with safety, was found sufficient. As the patient's strength was rapidly sinking, and the abdomen had become tender on pressure, delivery was accomplished by lessening the head."

<sup>2</sup> Collins's Midwifery (edit. cit.), p. 21.

but where he brought it safe into the world by the forceps."<sup>1</sup> It is known to most accoucheurs, that the introduction of any instrument into the vagina has generally the effect to increase the uterine contractions. This excited effort, though temporary, if properly aided, frequently terminates the labour; and hence whatever instrument we may use in such a case, it will be as successful as any artificial help can be, let the patient be ever so much exhausted. If that instrument be the forceps the child is not destroyed; but if the perforator, by the first plunge it is fatally mutilated, though it may, and more frequently than many imagine, be born alive, an object of horror to the attendants, and to the accoucheur, if possessed of an ordinary share of sensibility, a cause of deep and undying regret. Dr. Beatty observes, that it is no uncommon thing to see children born alive and cry, whose heads have been opened and the brain partially destroyed. One such case, "a scene of horror he can never forget," he witnessed "in the year 1800;" and Dr. Burns relates cases where children have lived in this state for a day or two; and Dr. Dease states instances where "the child has been miserably dragged alive into the world with a great part of the brain evacuated."<sup>2</sup> Circumstances, one would suppose, sufficiently horrible not only to justify but to render peremptorily necessary, in all cases where mechanical obstructions do not make delivery by the forceps impossible, an attempt before the state of the patient becomes so desperate as not to admit of sufficient time to save not only the mother but the child, by a cautious effort with embryospastic instruments.

Having considered the more prominent objections to the use of embryospastic instruments, and also a few of the fearful consequences arising from their neglect when necessary, I shall, before concluding, examine how far the sufferings of the mother should govern us in their application, even where there exists a strong probability of her being able to accomplish the delivery in time unaided; and though I had intended to present no more cases illustrating this point, yet the following appears so apposite from the contrast it affords, that I trust I shall be excused for introducing it.

CASE 12.—May 28, 1835. Mrs. S. K. had been three hours in labour with her sixth child when I first saw her. On examination, *per vaginam*, found the vertex presenting, the os tincæ fully dilated, waters discharged, and the head fast advancing into the pelvis, and consequently gave encouragement of a speedy delivery. She however informed me that such had been the uniform character of her previous parturitions; but favourably as they had commenced, the pains soon became irregular, and that instead of the speedy issue I had anticipated, they had heretofore been protracted to from twenty-four to thirty-six hours. About an hour from this time the expulsive force of the pains had entirely ceased, and though they continued extremely distressing, no farther perceptible advancement was made. I waited, however, still another hour without any change, when the forceps having been proposed were applied, and to her great joy in a few moments delivered her of a healthy boy. Recovery more than usually rapid.

Were the forceps indicated here? The patient was a healthy and robust woman, and not a doubt suggested itself as to her ability of eventually completing the labour. Her pulse, countenance, and even her own confidence, were evidences of this capacity, and in the opinion of a majority of the profession would have justified the accoucheur in awaiting the event without interference. Yet the forceps were easily applied, and without injury or danger to the mother or child, without even a temporary increase of pain—a state of suffering, as acutely agonising as any to which the human system is subject, terminated, and hours of anguish exchanged for those of ease. Pain is so generally considered a necessary consequence of parturition, that the term has not only become synonymous with the most important phenomenon of the process, but it may be feared, from the constant habit

<sup>1</sup> Med. Chir. Review, July 1, 1831, p. 94-5.

<sup>2</sup> Ibid, 94.

of witnessing it in practice, it has so far lost its influence on our sympathies as not to be sufficiently considered in our management of labour. Will the patient survive, is the most important question, and the first, though not the only one, to engage the attention of the accoucheur. Her safety is first to be provided for, and then every art that can soothe, every means that the wisdom of man has invented, every prospect that the science yields for relief and encouragement, through this period of suffering and trial, should be unhesitatingly afforded.

S. A. Cook.

## BIBLIOGRAPHICAL NOTICES.

### *Professor Peter's Introductory Lecture.<sup>1</sup>*

The remarks we made in our last number in regard to the introductory lecture of Professor Miller, of Louisville, are in many respects applicable to that of Prof. Peter, of Lexington. Containing matter of interest, there is still, to our taste, too much effort in the composition, and too much attempt at ornament and effect. Yet, we repeat, this is a matter of taste.

The author's exordium is a favourable specimen of his manner and matter.

"On casting our eyes over the extended country, rich in all its variety of beauty and wealth, which we are proud to call our home, many objects that are strikingly pleasing and instructive crowd on our perception.

"The retrospect shows a vast wilderness of forest, through which the mighty cataract is only to be distinguished by its ceaseless roar or its enduring fog,—and amid which the green sea of the western prairie is to be seen changing the character of the grand monotony of the leafy surface. The rivers sweep by in sullen majesty; undisturbed, save by the plunge of the wild fowl or the light bark of the savage,—and the limpid waves of the forest-bound lakes, untrammelled by the arts of civilised men, and uncharged by the burthens of commerce, bathe in their play an untrodden belt of beach, or urged by the fury of the storm, drive foaming in their might through the primeval woods.

"Anon the white man comes to dispossess the savage of his hunting grounds; and after him appear, in quick succession, all the arts which elevate society and soften and improve the condition of humanity.

"By the superior knowledge and persevering industry of civilised man, the forest bows beneath the axe, and the rustling leaves of corn and waving fields of grain greet the newly-admitted light on the virgin soil. The log-hut heralds the approach of improvement;—but in a short time this gives place to the spacious brick tenement;—towns rise where lately the savage whooped over his slain game;—wide roads obliterate the track of the moccasin, and spacious bridges replace the raft of logs or the birch canoe. The river hills resound with the loud puff of steam;—the startled water-bird rises at the swell of the passing steamboat;—while across the land the rapid steam-car shoots like a meteor along its iron railway. The waves of civilisation and improvement breaking on the east, swell rapidly over the country, and in a short time, almost like the shifting of a stage scene, its face is

<sup>1</sup> Thoughts on Medical Education in America. An Introductory Lecture delivered in the Chapel of Morrison College, to the Medical Students of Transylvania University, on the 11th November, 1838. By Robert Peter, M. D., Professor of Chemistry and Pharmacy in the Medical Department of Transylvania University. Published at the request of the Medical Class. 12mo, pp. 22. Lexington, Ky., 1838.

changed from a spectacle of wildly picturesque and primitive beauty, to one in which proofs of enlightened and united industry crowd the field of view.

"This change has been so rapid that even some of the old among us have seen its several phases. Unlike its slow and laboured progress in other countries, improvement, with us, has burst like a flood over the land, and civilisation, unconscious of a state of infancy, sprung at once into vigorous youth. The generation of pioneers who subdued the forest and its wild inhabitants, have not yet passed away; the ear which was sharpened by the silence of the forest, is deadened by the unaccustomed din of labour;—the lungs which inhaled the pure breath of the mountain, are polluted by the dust and smoke of cities; and the form that expanded in the wide solitude of the distant clearing, is cramped and jostled by the busy crowd of active men.

"As the face of the country has changed, so have the habits of the people; and in like manner our duties and responsibilities vary with the changing aspect of society. The hardy pioneer, cast almost on his own resources, amidst a stubborn forest to be subdued and a subtle foe to be avoided and repelled,—dependent on his own laborious exertions for his daily food and safety,—was indebted to his strong hand, his swift foot, or his keen eye for his subsistence and preservation; his wants were bounded by his limited means of supply, his aspirations contracted by his stern necessities, and his responsibilities limited to the narrow circle of his own household. Society claimed nothing from him, for society could extend to him none of its protection nor of its indulgences. But with the gradual accumulation around him of the elements of society, came new duties and new immunities. Pursuits became more varied as the community increased in density and occupations, and the various useful arts becoming more isolated and exclusive, became also more thorough and finished. Society, while it stripped the solitary man of half his powers, relieved him of half his labours and responsibilities, and by confining him within the narrow sphere of one occupation made him feel that he was but a single element of the great social compound.

"This division of labour and responsibility, and, as a natural consequence, perfection of execution in the narrow sphere of exertion, keep pace with the advancing improvement and the enlargement of society. The man who was a pioneer, was alike the undisputed lord of the domain and the only slave to his own wants and necessities;—the hunter, farmer, labourer and artizan of his own family,—contracts more and more the sphere of his exertions, as his fellow men cluster around him,—and the Caleb Quotem of the rising village becomes the more exclusive artizan of the town, and the still more confined yet more finished workman of the populous city.

"In like manner, also, has the character of the study and practice of medicine changed with the rapid improvement of the country and of society. The doctor of the new and thinly populated settlement, moulded by the force of surrounding circumstances, partook of the character of the hardy community to which he ministered. Activity, boldness, and promptitude on his part, in the administration of the means which were in his power to apply, compensated, with the hardy settler, for his want of the refinements of education and the fulness of knowledge which a more perfect state of society would require in a physician. Like the laborious, active, and much enduring freeman, who were his patients when sick, and his fellow hunters or labourers when in health, necessity had circumscribed his means of acquiring knowledge, and, while it extended the field of his labours, had lowered the standard of perfection in every part of it.

"The generation of worthy and laborious practitioners of medicine in the west, who are just passing away, have felt the full force of those adverse circumstances. Curtailed in the means of the acquisition of knowledge, by the scarcity of books; the great distance of the sites of medical instruction; the paucity of teachers; the long professional rides, and the necessity for

active bodily exertion in the new country ; they were obliged in many cases to make bold experiment supply the place of ascertained knowledge, personal experience replace the accumulated lore of ages, and ingenious expedient, or indigenous substitutes serve instead of the finished armory of their more highly favoured brethren in the densely populated region. But those who are now just entering the ranks of the profession, or who are bracing and preparing themselves for the glorious contest with disease, begin their labours under much more favourable auspices. No want of books, or scarcity of teachers, or of the means of instruction, cramp their aspirations after knowledge, or contract the limits of their usefulness. Medical books are now attainable in the smallest hamlet, and are even sent throughout the country, by means of the post office, in periodical publications. Medical journals, which give the intelligence and the new discoveries of the older continent, as well as of our own, are daily increasing in number and importance ; while schools of medicine, which vie with each other in the perfection of their means of instruction, have sprung up throughout the country in numbers fully adequate to supply the greatest probable want of the community."—p. 8.

#### *Wistar's Anatomy by Pancoast.<sup>1</sup>*

On the reception of the first volume of Wistar's System of Anatomy, from the author of the present edition of the work, we expressed our favourable sentiments of the plan according to which it had been executed by Dr. Pancoast, and our anticipations that it would prove an excellent companion to the medical student, and that it would furnish him with much interesting and important information, which could not easily be acquired elsewhere.<sup>2</sup>

The second volume establishes those favourable anticipations, and we can recommend it to the attention of the anatomical student. The xylographic and other illustrations are numerous and appropriate, and the whole work is creditable to the editor. We observe, occasionally, evidences of haste and inadvertence, but these are not numerous, and may be easily rectified in a future edition.

#### *The Medical Examiner.*

This useful periodical—edited by Drs. J. B. Biddle, Clymer, and Gerhard—has just completed its first annual circuit ; and has fulfilled the prognostics we ventured to form from its early numbers.

In the course of the year it has received Dr. Gerhard into its editorial corps,—a gentleman whose talents, acquirements, and unbounded zeal in the prosecution of his profession render him a valuable acquisition. In future the work will be issued hebdomadally.

There is ample room for the different medical periodicals that are now issued ; and, in some sections of the country, we think, for even more ; but

<sup>1</sup> A System of Anatomy for the Use of Students of Medicine. By Caspar Wistar M. D., Late Professor of Anatomy in the University of Pennsylvania ; with notes and additions by William E. Horner, M. D., Professor of Anatomy in the University of Pennsylvania. Seventh edition. Entirely remodelled and illustrated by numerous engravings. By J. Pancoast, M. D., Lecturer on Anatomy and Surgery, one of the Surgeons of the Philadelphia Hospital, Fellow of the Philadelphia College of Physicians, &c. In two volumes : pp. 491, 560. Philadelphia, 1839.

<sup>2</sup> *Intelligencer*, p. 256.

even were there not, and were we ourselves to suffer for the frank expression of opinion, we should never hesitate—as honest chroniclers—to herald the success of every deserving enterprise, which has for its object the furtherance of the great interests of the profession—and of the whole profession—to which we belong. We have felt, indeed, not a little complimented on various occasions, in being called upon to express our opinion as to the best means of furthering undertakings of the kind in which we ourselves are engaged. These it will ever afford us pleasure to foster, when they are conceived, commenced, and continued in the proper spirit. We need scarcely add, that we again recommend the “Medical Examiner” to the favourable attention of our readers.

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*Churchill on the Diseases of Females.<sup>1</sup>*

This work, which we commence in the present number of the “Library,” has met with much encomium from the most distinguished medical periodicals of Great Britain; and it has been properly remarked, that such a work “has long been a desideratum in our medical literature, both for practitioners and for the student.” We have no other indeed, that contains, in epitome, the recorded opinions of the best observers in this interesting class of diseases.

It is divided into two parts;—the *first* embracing the diseases of the external organs of generation; the *second*, the diseases of the internal organs.

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*Appeal regarding the Insane Poor.<sup>2</sup>*

As this appeal, which was reported by the editor of this journal, embraces the main facts and arguments that are applicable to the insane paupers of the country, he has thought proper to extract those portions that may be interesting to the physician, and to publish them in monographic form in the “Library.”

The editor, with Frederick A. Packard, Esq., and Caspar Morris, M. D., were appointed a committee for the purpose of drawing up “a summary account of institutions for the safe-keeping and treatment of the insane poor, and especially the number and condition of such within this state; accompanied with such arguments as the committee think will promote the establishment of a state asylum for the insane paupers of this commonwealth; and to forward the same to the members of the legislature, and also to circulate them among the citizens generally.”

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*Elliotson's Practice of Medicine.*

We observe two separate editions of this work announced in London, by different editors, one of which will doubtless receive the approbation and revision of Dr. Elliotson. The work will necessarily be large; but should it be of the character which may perhaps be expected, and not too voluminous for the “Library,” we shall transfer it to our pages.

<sup>1</sup> Outlines of the Principal Diseases of Females; chiefly for the use of students. By Fleetwood Churchill, M. D., &c., Physician to the Western Lying-in Hospital (Dublin), Lecturer on Midwifery, &c., in the Richmond Hospital School of Medicine, &c. &c. 8vo, pp. 402. Dublin, 1838.

<sup>2</sup> An Appeal to the People of Pennsylvania on the subject of an Asylum for the Insane Poor of the Commonwealth. 8vo, pp. 24. Philadelphia, 1839.

*Magendie's Lectures on the Blood.*<sup>1</sup>

These interesting lectures are now in course of publication. We shall probably reprint them, as soon as they are completed, in the "Library."

*Philadelphia Dispensary. Annual Report.*—Three thousand nine hundred and twenty patients have been under the care of this Dispensary since last report, viz.

Remaining under care at that time	42
Received since then	3928
	<hr/> 3970
Of whom the number recovered is	3665
Dead	56
Relieved	182
Irregular and uncertain	50
Remaining under care	17
	<hr/> →3970

*Report of the Obstetric Practice in the Philadelphia Dispensary for the year 1839.* DR. WARRINGTON, Accoucheur.—Since the annual report for 1837, eighty-eight women have been delivered at full time; there have also been five cases of abortion and one of miscarriage—making ninety-four cases referable to the Obstetrical Department of this extensive institution.

In forty-eight cases of labour, of which record has been kept, there were delivered twenty-eight male and twenty-one female children—there being one case of double pregnancy.

All the children did well, except one, who died of cyanosis, in convulsions, thirty-eight hours after birth; its respiration was always feeble, and its skin constantly blue. One was attacked with purulent ophthalmia a day or two after birth, but recovered, as did three or four who were affected with aphthæ.

The average duration of labour in thirty-one cases was ten and a half hours; the shortest period being one hour, and the longest seventy-two hours.

The average time occupied in the spontaneous expulsion of the placenta in thirty-six cases was twenty-three minutes, the extremes being three minutes and three hours.

Of twenty-six cases of vertex presentation, sixteen were of the first position, eight of the second, one of the fourth, and one of the fifth.

One case came under notice in which one foot and one knee presented in the first position.

In one case of impracticable labour, delivery was effected by the crotchet; and in one case of atony of the uterus, which failed to respond to the use of ergot, the child was safely delivered by the forceps.

One patient was attacked with metro-peritonitis, which continued ten or twelve days.

Two were afflicted with metritis—all recovered.

Most of the cases which occur in this institution are subservient to the purposes of obstetric experience, and the accoucheur will enter upon his sixth course of practical instructions in obstetrics in the latter part of next month (Feb.). It is the intention of Dr. W. to continue these lectures and demonstrations regularly throughout each year; making four courses of twelve weeks each, leaving August a recess. Gentlemen who have recently graduated, and have leisure to devote to the practice of this department, or

<sup>1</sup> Course of Lectures on the Blood, and on the changes which it undergoes during disease, delivered at the College of France, in 1837-8.



students who have profited by one or more full courses of anatomy and midwifery, will have the opportunity of attending upon the cases under the charge of the accoucheur, in connection with his course of practical instructions, in the order in which they enter his class.

*Vaccine Quarterly and Annual Report.*—The Vaccine Physicians of Philadelphia have reported the following number of cases of successful vaccination during the quarter ending December 31, 1838, and also during the year 1838.

	Fourth quarter of 1838.	Year 1838.
Dr. Jas. M'Clintock, N. E. district,	35	200
Dr. Wm. S. Zantzinger, N. W. do	77	338
Dr. Justus Dunott, S. E. do.	65	276
Dr. Robert Bridges, S. W. do.	78	356
Total,	255	1170

*Medical Society.*—At a stated meeting of the Medical Society of Philadelphia, held on the evening of the 2d of January, 1839, the following persons were elected officers for the ensuing year:—

*President*—Thos Harris, M. D.

*Vice Presidents*—Samuel Jackson, M. D., Reynell Coates, M. D.

*Treasurer*—Henry Bond, M. D.

*Cor. Secretaries*—Benj. H. Coates, M. D., Joseph Warrington, M. D.

*Senior Rec. Secretary*—J. F. White, M. D.

*Orator*—Henry Bond, M. D.

*Librarian*—William P. Johnston, M. D.

*Curators*—John M. Brewer, M. D., Thos. S. Kirkbride, M. D., Isaac Parrish, M. D., Francis West, M. D., H. S. Patterson, M. D.

*Methodical Compression in Orchitis.*—Some years ago, this plan was suggested by Dr. Fricke, of Hamburg, and since that time it has been employed successfully by many surgeons. Recently, it has been strongly recommended by Dr. Dechange, of Liège,<sup>1</sup> recently surgeon to the *Clinique Chirurgicale* at the *Hôpital de Bavière*. He refers to twelve cases of acute orchitis thus treated; in three, the cure was accomplished in three days, and in the others it occurred before the seventh.

*Presence of Quinine in the Urine.*—M. Quevenne,<sup>2</sup> Pharmacien in Chief of the Hospital La Charité, Paris, has lately detected quinine in the urine of persons who have taken it in a large dose. He infers, from his chemical investigations on this subject, 1. That quinine and its sulphate pass into the urine of those who take it; and 2. That tannin is a good re-agent to separate the vegetable alkalies, as he succeeded in detecting by it a very small quantity of quinine in a fluid of very complex nature.

*On the Use of Camphor in Certain Affections of the Respiratory Apparatus.* By F. V. RASPAIL.—The following—says the editor of the London Lancet—is the substance of a letter which M. Raspail has recently addressed to several of the French medical journals. It is seldom that we pay any attention to the proposal of remedial agents by non-medical men, but the

<sup>1</sup> Bulletin Médical Belge, Août, 1838, p. 218.

<sup>2</sup> L'Expérience, Juillet, 1838.

distinguished character of M. Raspail, both as a chemist and as an observer of nature, entitle any remarks which fall from his pen to more than ordinary attention:<sup>1</sup>

The substance which M. Raspail recommends to the notice of medical practitioners is camphor. It may be used in two forms: a piece of camphor is placed in a small tube of straw, or in a small quill, and this is formed into a little cigar, which the patient may smoke, not in a state of ignition, but cold, by simply inhaling the air through it. The saliva excited by inspiring the camphor should be swallowed. The second form consists in the application of a piece of lint, moistened with a saturated alcoholic solution of camphor, and covered with a piece of oiled silk, caoutchouc, or any other impermeable substance, to the affected part.

M. Raspail assures us, as the result of considerable experience, that in all cases of respiratory affections, such as those popularly denominated cold, catarrh, influenza, &c., the constant use of the camphor cigar and lotion will produce speedy amendment, and when the lungs are merely congested, almost instantaneous relief. He has also seen some cases which lead him to believe that the constant use of camphor, in the way just mentioned, is capable of dissipating the incipient symptoms of pulmonary consumption. The pain occasioned by adherence of the two pleuræ, popularly known by the term "stitch in the side," M. Raspail has seen dissipated in a wonderfully short space of time, by the application of the camphorated compress, and the use of the cigar. There are several other affections and diseases in which M. Raspail thinks that camphor might be employed with great advantage; but we think it sufficient, for the present, to direct attention more particularly to those of the respiratory apparatus. At the conclusion of his letter the author assures us that his communication has been made solely from a desire of benefitting his fellow men, and with a hope that medical practitioners will repeat his experiments on an extensive scale, the more especially as the remedy, unlike so many others, can do no harm, if it effect no good.—*French Lancet*, Nov. 17, 1838.

*Use of the Nitrate of Silver in Ophthalmia Infantum.* By PROF. BUSCH, of Berlin.<sup>2</sup>—Eighty cases of ophthalmia of new-born children, of various degrees of severity, extent, and obstinacy, came under the care of Dr. B., all of which were cured, with the exception of one case, in which specks remained upon the cornea. In severe cases a leech was applied near the eye in the first instance, and afterwards ablution employed, together with some appropriate eye-water, especially the sublimate in weak solution. Of late years, however, a strong solution of lunar caustic, one to six grains to the ounce, has been employed with such eminent advantage as to refute all theoretical objections. The severest degree of inflammation was relieved without fail in a few days, provided the solution, commenced with one grain to the ounce, was gradually increased to three or four. From two to three drops were carefully introduced into the affected eye, and the greatest cleanliness enjoined, with careful removal of the collected mucus.

*Lactation in a Woman of Advanced Age.* By DR. CARGANICO, of Darkehmen.<sup>3</sup>—This woman, now nearly 60 years of age, of a dark brown complexion, vigorous make, and sanguineo-choleric temperament, has suckled for nine months a grandchild, born in April 1836; although she nursed the last of her eight children seventeen years since, and has not

<sup>1</sup> *Lancet*, for Dec. 8, 1838, p. 42.

<sup>2</sup> *Med. Jahrb. des k. k. österr. Staat.* Bd. 23, St. 2.

<sup>3</sup> *Med. Zeit. v. Vereine f. Heilk. in Pr.* 1838, Nr. 11.

menstruated for ten years. The mother of the child, the woman's oldest daughter, suckled the infant for five months, but was then compelled to seek a substitute. An attempt was made to put the child to the breast of a woman recently delivered, but it became affected with diarrhoea, and the plan was abandoned. The grandmother then undertook to bring it up by hand, and fed it partly with milk and in part with papada and chamomile tea. As might have been expected, the child became restive under this treatment, and, in order to quiet it, the woman applied it to her own breast. When she had repeated this manœuvre for three or four days, she felt sudden pungent pains in both breasts, and at the same time perceived a milky fluid to exude from them. By continued perseverance she obtained, without farther pain or inconvenience, a good supply of milk, and the child, neglecting the unsuitable diet previously offered it, sustained itself solely on this new aliment. It thrived well, and regained its animation; while the old lady remained in good health, and performed the duty of a wet nurse with much satisfaction. Two months after, the child began to feed, but still gave the preference to the breast. At present, at the age of fourteen months, it remains in good health, both bone and muscle well developed. The nurse finds the quantity of the secretion gradually diminish, but it is still sufficiently abundant, and the grandmother and grandchild appear still disposed to retain their connection.

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*Solidification of Carbonic Acid.* By DR. J. K. MITCHELL.—This accomplished chemist has published his ingenious procedure for liquefying and solidifying carbonic acid,<sup>1</sup> in the Journal of the Franklin Institute, and in the American Journal of Pharmacy. He will accept our thanks for his pamphlet on this subject.

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*American Institution for the Cultivation of Science.*—We have been favoured with a letter from a committee of scientific gentlemen in Boston, who propose the establishment of an institution similar to the British Association; and recommend that the American Philosophical Society in Philadelphia be invited to undertake its organisation.

The American Philosophical Society—as a body—has respectfully declined the recommendation.

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## NECROLOGY.

*Professor Broussais.*—This celebrated individual, whose opinions have made so much noise in the medical world, and in no part of it more than in this country, died recently at his country-seat, near Paris. He had laboured for a considerable time under a painful disease—cancer of the rectum—which was only partially relieved by operation.<sup>2</sup>

Time has already done ample justice to the opinions of this teacher. The enthusiasm attendant upon the first promulgation of his theories has long since passed away, but the useful results are recorded in the archives of the profession.

<sup>1</sup> See Intelligencer for June 1, 1838, p. 83.

<sup>2</sup> London Lancet, Nov. 24, 1838, p. 360.

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## ART. I.—CLINICAL LECTURE ON A NEW MODE OF TREATING HYPERTROPHY OF THE HEART.

BY DR. A. T. THOMPSON.

(Delivered at University College Hospital.)<sup>1</sup>

*Hypertrophy of the heart—Symptoms indicative of the disease—Utility of milk diet—Difference between the impulse of the heart in hypertrophy and nervous palpitation—Danger of frequent large blood-lettings in hypertrophy—New mode of treating cardiac hypertrophy by elaterium and alcohol—The mode of action of these agents.*

The subject of the case, Wm. Gardner, aged 40, was admitted on the 1st of September. He is a cowkeeper, a married man, of temperate habits, and had been in the hospital twice before for the same complaint. The symptoms under which he laboured, on his admission, were ascites, with considerable œdema of the legs, attended with great weakness of the knees and ankles, which prevented him from walking even the length of the ward. He suffered also under dyspnoea, which amounted almost to suffocation, when he attempted to lie down, with pain of the chest, cough, and expectoration of muco-purulent sputa. The other symptoms were anorexia; constipation; the urine scanty, turbid, and high-coloured; the pulse sharp and quick, and the skin hot and dry.

The physical signs and sounds on percussion and auscultation were, dullness over the region of the heart, and extending beyond it; the impulse of the heart considerable, with a rasping sound, as well as a double bellows sound, loudest over the aortic valves, and at the base of the organ; the respiratory murmur, superiorly, was puerile, with some sonorous râle; and a slight degree of crepitation, inferiorly, both before and behind. He was ordered one grain of elaterium, with twelve grains of the crumbs of bread, to be made into four pills, one of which was to be taken every six hours. He was placed on low diet. This medicine was continued until the 10th, with evident advantage. He was copiously purged, but not weakened; he walked better; the ascites and œdema had disappeared; there was scarcely a trace of crepitant râle inferiorly; and the heart's impulse was greatly lessened. The strength of the pulse, however, still continued. The pills were ordered to be discontinued, and in their stead the following drops were prescribed:—Elaterium, one grain; alcohol, two drams; dissolve. Eight minims to be taken in a wineglassful of water, three times daily. He was placed upon milk diet.

On the 17th, having caught cold, he complained that the drops occasioned pain in the abdomen, without purging. His pulse was sharper and quicker than before, and his cough increased in hardness and frequency. Twelve

<sup>1</sup> Lancet, Nov. 24, 1838, p. 320.

ounces of blood were taken from the arm. The drops were continued, with fifteen minims of tincture of henbane added to each dose, and the following pills were ordered to be taken at bed-time occasionally :—One grain of calomel, and three grains of the extract of hyoscyamus. He continued this medicine with the most decided advantage ; the impulse of the heart diminished, as well as the rasping sound, and he could ascend the hospital stairs without suffering either from dyspnœa or palpitation. He, however, again caught cold on the 26th of October, when he was again bled, and took a pill, containing three grains of calomel, and one of opium afterwards. When his bowels had been freely opened, he returned to the use of the drops.

He was discharged apparently well on the 5th of November.

In his clinical lecture, Dr. Thompson remarked :—This is a case of hypertrophy of the left ventricle of the heart, accompanied by the deposition of osseous matter on the valves, as indicated by the *rasping* or *sawing* sound which accompanies the impulse of the heart, and the pain which existed in the region of the heart when the patient was admitted at both times into the hospital. With regard to the last of these symptoms, it is proper to caution you, gentlemen, against adopting an opinion that pain referred to the heart is always indicative, in hypertrophy, of some degree of inflammation of the lining membrane of that organ. On the contrary, it is most frequently owing to the simple defect of the elasticity of the ossified parts preventing them from yielding simultaneously with the other portions of the diseased organ, whilst labouring under palpitation. From such a condition of the heart and the aortic valves, the *dyspnœa* consequent on any exertion, or even lying flat in bed, can be readily explained ; there is a transitory pulmonary congestion, which prevents the decarbonisation of the blood, and, consequently, causes a sensation of suffocation, which ceases when the labouring action of the heart is lessened by a cessation of the exertion which excited it, or when a change from the recumbent to the erect position is effected. Cardiac dyspnœa, also, may be excited by derangement of the digestive organs, or by the introduction into the stomach of any thing which can morbidly irritate it, as this condition of the organ is propagated to the heart, and augments its already inordinate action. It is on this account that the dyspnœa, attendant especially on hypertrophy of the left ventricle, often supervenes on a meal, or any circumstance which can produce acidity or flatulence ; and is often accompanied, as in our case, with a sensation of weight over the forehead and throbbing of the temples. Nothing is more important, therefore, than the regulation of the diet in such cases ; and experience has convinced me that milk is preferable to every other description of food, as it is less stimulant than any other animal diet, and less apt to run into the acetous fermentation than vegetable matter. It may be objected that milk is too nutritive in a disease, the result of increased nutrition in the affected organ ; but the general nutrition may be regulated by the quantity allowed ; and I suspect that the danger in hypertrophy, arising from improper diet, depends more on its stimulant property than on its nutritive quality.

In every case of hypertrophy the capillary congestion, which is the result of the augmented impetus and activity of the arterial circulation, gives rise to dropsy ; consequently, as in this case, and in many others, which have appeared in the hospital, when they have been admitted in an advanced stage of the disease, both ascites and anasarca have been present ; indeed, these are the symptoms which usually most forcibly attract the attention of the patients, and induce them to apply for relief. This engorgement of the capillaries, and its consequences, depend upon two causes, viz. the impediment of the return of the venous blood to the heart, and the increased energy which that organ, in its hypertrophied state, imparts to the arterial circulation.

Whatever, therefore, diminishes the circulating mass must relieve this

condition of the capillaries; and, in preventing further exhalation of their serous contents, must give time to the absorbents to remove that fluid which is already deposited, and thus relieve the dropsy. Blood-letting most rapidly fulfils this indication; but there are objections to its frequent repetition, which I shall point out in proposing the theory of the successful practice which has been followed in this case, and in other cases which have been treated by me, both in the hospital and in private practice. In no disease do we so much depend on the stethoscope as in hypertrophy of the heart. I am, therefore, most anxious that you should examine, attentively and frequently, the signs which it affords. It is impossible to communicate, in words, the information which is thus to be acquired, you must obtain it for yourselves by frequent and attentive observations. I may inform you that a strong heaving *impulse*, followed by a decidedly evident *back stroke*, occurred in our case, and indicated simple hypertrophy, while the *sawing sound* denoted an unequal or ragged deposition of osseous matter on the valves; but, without endeavouring to detect these sounds yourselves, by aural examination, my information extends not beyond the expression of the words in which it is attempted to be conveyed. It may, however, be useful to mention to you a distinction between the impulse of the heart in real hypertrophy, and that in palpitation of a transitory kind, depending on nervous susceptibility. In real hypertrophy, even without dilatation, the impulse is that which we may suppose to be caused by the whole length of the ventricle striking against the parietes of the chest, so as to produce a kind of heaving blow, while in nervous palpitation the impulse is rather a jerk, sharp and circumscribed, as if arising rather from the apex of the organ than from its side. If we reflect upon the relief afforded in this case, and that of several others which have left this hospital in a condition equally favourable, a question arises, what would have been the termination of these cases if the successful treatment which has relieved them had not been adopted? The reply is, that much depends on the character of the case, and whether it is merely simple hypertrophy, or is complicated, as in Gardner's case, with disease of the valves. In this case it is probable that the aortic valves are those most diseased, consequently they present an obstacle to the ventricle emptying its contents, and the right ventricle acting in concert with it, the lungs become overloaded with blood, whence dyspnoea and engorgement of the left ventricle, which, labouring to relieve itself, the hypertrophy proceeds to a greater extent, and the disease might terminate in apoplexy, or in fatal hæmoptysis. The prognosis, therefore, in this case would have been unfavourable; and even now, unless the habits of the patient, in respect to diet, exertion, and temperance, shall remain extremely guarded, it must still be unfavourable. I shall now endeavour to explain to you the principles of the treatment which I adopted in this case.

It is generally admitted that hypertrophy is the result of increased nutrition; but it is requisite to draw a line between the morbid augmentation of bulk thus produced in an organ, and that which is the result of inflammation. Assimilation consists in the attraction which exists between the alimentary particles and similar particles in the blood, and the infusion, if I may so speak, of the vital principle into the newly assimilated matter. In inflammation, on the other hand, the albumen and the fibrine of the blood are deposited in the interstitial tissue, but without being assimilated, or sharing in the vital energy of the organ. The growth of an organ, therefore, is affected by an augmented afflux of blood to it, as well as by the attraction and assimilation of the fluid parts of the blood; and, when the organ is a moving or a moveable one, this process is favoured by motion or exercise determining a greater supply of blood to the part. Under such circumstances it becomes obvious that, in order to check this augmentation of bulk, two distinct objects must be kept in view, viz. first, to lessen the action in the part; secondly, to diminish the supply of nutritive matter sent

to it. In the case which is now before us, and in many others, the exciting cause of the inordinate action set up in the heart appears to have been metatasis of rheumatic inflammation; but although this was subdued, yet the action which had been commenced by it continued; increased nutrition and augmented bulk of the parietes of the left ventricle were superinduced. There was in this instance no reason to suppose, either from the physical signs or from the state of the pulse, that, although the valves were diseased, any, or at least *much* dilatation accompanied the hypertrophied condition of the heart; on the contrary, the strong, tense, cord-like, unexpanding beat of the pulse indicated the probability of contraction. Now, not only in such a condition of the heart, but also where dilatation is present, and even disease of the valves, the first object of our treatment is to diminish action; and to accomplish this, blood-letting has been resorted to with a freedom, as to the quantity abstracted, and a frequency of repetition, which, however salutary it may be in the commencement of the disease, is undoubtedly hazardous when it has proceeded so far as to produce ascites and œdema, with evident general cachexy. I am perfectly aware that this opinion is opposed to that of Laennec, Albertini, Valsalva, and some other distinguished practitioners, but my own experience has decided me against large and repeated bleedings, which, although they afford transitory relief, yet have produced no permanent benefit. On the contrary, notwithstanding the powers of the vascular system are diminished, the paroxysms have recurred more frequently and with greater violence than when no bleeding has been resorted to; and when the disease has advanced so far as to produce anasarca, large bleedings have appeared to me to hurry on the fatal termination. Were I to reason upon this effect of large and repeated bleedings, I should be disposed to attribute it to the deteriorated state of the vital fluid, and consequently its unsuitableness for the due nutrition and upholding of the general system. In as far as respects this case, which is complicated with disease of the valves, blood-letting, as it cannot cure the ossified valves, and diminishes the patient's strength, is still more objectionable than in simple hypertrophy. When the abstraction of blood is large and frequently repeated, it rather embarrasses than relieves the valvular obstruction. This opinion, however, must not be supposed to apply to small topical bleedings, either by cupping or by means of leeches.

These effects of blood-letting and the frequent inefficiency of diuretics, and of common saline purgatives, to reduce the mass of the circulating fluid without materially deteriorating the quality of the blood, induced me to have recourse to elaterium, which, by its operation on the intestinal exhalants, producing copious watery stools, is well adapted to carry off a large portion of the serum of the blood without diminishing the fibrine and the red globules, which are the parts essential to maintain the powers of the habit. It is, probably, on this account that the rallying of the powers of the system, after the action of elaterium, is so remarkably displayed. It may be affirmed that diuretics operate in the same manner, namely, by drawing off the watery part of the blood; but diuretics are variable and less certain in their effects than purgatives, which operate chiefly upon the intestinal exhalants; and, assuredly, the most efficient and the least exhausting of these is elaterium, when it is properly administered. Another advantage attached to elaterium and calomel is, that no remedial means are so likely to prove serviceable in the advanced stage of the disease, in preventing further dropsical effusions, and enabling the absorbents to remove the fluids already deposited. The circulation is, by the influence of the elaterium, unburthened; and consequently the removal of even the mechanical obstructions to the free action of the heart, lessens the struggles of that organ to overcome them, and with these the morbid activity of the coronary arteries, on which the augmented nutrition of the heart chiefly depends, being also diminished, both the action and the augmentation of the bulk of the organ

are kept under control. It has been said that elaterium affects different individuals very differently: this is true, consequently the dose should be very minute at first and very gradually augmented. It is well known that calomel does not increase the purgative action of elaterium, while it tends to allay its griping property; and this is still more allayed by the addition of a grain or two of capsicum. It is an important fact that the purgative influence of the elaterium does not lessen the excitant power of the calomel over the capillary vessels; indeed, the system is more rapidly brought under the mercurial action than it is when no elaterium is administered. The elaterium, by unloading the circulation, gives a spring and an activity to the lymphatics which aids the introduction of the mercury into the system.

With respect to the second object in the treatment of hypertrophy, namely, the diminution of the supply of nutritive matter,—the most direct mode of fulfilling this indication is, undoubtedly, to reduce the quantity of aliment; but this is often difficult to accomplish on account of the morbid appetite which sometimes accompanies the disease. In prescribing the acetate of lead, in some of the cases which have been in the hospital, for this purpose, my intention was to act upon the nervous system in such a manner as to diminish the nutritive and assimilating processes, and, by lessening the influence of these, to diminish their effects upon the heart. I had seen the powerful influence of the salts of lead in fulfilling this intention in cases of poisoning by them; but the difficulty of obviating the deleterious influences of the salts of lead, where they display themselves, prevents me from always recommending them for this purpose. When the use of the acetate of lead has been continued for some time, its sedative powers operating upon the stomach, tend to convert it into the carbonate, in which form it rapidly induces symptoms of colica pictonum, and consequently must be discontinued. Elaterium, given in the alcoholic solution, fortunately renders the administration of the acetate of lead or any other sedative unnecessary, as it not only keeps up a due influence upon the intestinal canal, but it keeps down the appetite, without inducing a dyspeptic condition of that organ, which is always to be dreaded. When the stomach becomes loaded with acid, and flatulence is troublesome, I have never seen any disadvantage arise from clearing it by means of half a dram of ipecacuanha, after which the nervous system may be tranquillised by a full dose of tincture of henbane. Some of you must have witnessed both the safety and the advantage of this practice in Gardner's case. If the diet be chiefly milk, I have never seen any indication for the administration of tonics, unless it be in the use of the shower-bath in a tepid state.

Upon the whole the treatment in hypertrophy is to diminish the force of the moving powers, and the mass of the circulating fluids, without breaking down the powers of the system. We know that in all diseases in which the circulating fluids suffer a change, nutrition also suffers. This is especially demonstrated in several diseases, in syphilis, for example, in scrofula, in scorbutus, and in many other similar affections. In these the nutritive power is diminished not in one, but in all the organs. This is a state, however, the opposite of that which occurs in hypertrophy, in which, if the general system suffers, the organ peculiarly affected—namely, the hypertrophied heart—instead of sympathising with the general condition of the system, is usually rendered more energetic in its action.

In concluding these remarks on hypertrophy I have only to repeat the result of my experience, and my firm conviction that the most efficient method of unloading the circulation, as well as lessening the nutritive and assimilating process, is by taking advantage of elaterium. It becomes a curious and important object of enquiry, whether the heart, in a state of hypertrophy, when its momentum is diminished and it remains quiet, regains its natural dimensions? If we may be permitted to reason from analogy, there is much probability that this is the case. Thus we find, that in consequence of diseased states of the blood, when nutrition is less active,



the muscles waste: this is daily observed in paralysis of the arms and the lower limbs; and there is no reason which should prevent the same effect from following the check to the influence of the nutritive function which elaterium or any other medicinal agent may cause in hypertrophy of the heart, when they prove successful.

## ART. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

### 1.—Case of *Mania à Potu*, successfully treated by Expectation. Reported by Dr. A. M. VEDDER, Senior Resident Physician.

Catharine S., æt. 48, the mother of ten children, was admitted on the 11th of October with well-developed mania à potu. Her friends state, that she has been a confirmed drunkard for twelve or fifteen years. For the two weeks previous to her admission, she had drunk from one to two quarts of common gin daily; during this time eating scarcely any thing. On the night of the 7th she became delirious, and called in the watchman, stating that the marines were in her house attempting to shoot her. For the last five nights she has slept none; was wandering about the streets day and night, drinking all she could get, until the period of her admission. This is worthy of notice, since it shows that the disease may be produced without the withdrawal of stimulus. At her admission she was very loquacious, jocose, motions quick, and pupils not contracted; tremors; pulse 84. Several bruises on her person caused by falling in a cellar. Menstruation. Illusions of all the perceptive faculties; sees her own coffin; children fancifully dressed dancing along the wall. She was kept in a small room, and committed to the *vis medicatrix naturæ*. In the evening there was an increase of all her symptoms.

The manipulations of animal magnetism were tried for a short time; some peculiar phenomena were produced; the sleep, however, was imperfect and transient. Insomnia continued until the latter part of the night, when she slept for three hours.

On the following morning she was more quiet; less loquacious; pupils decidedly dilated; pulse 60, intermitting. No treatment.

The following two nights she slept none, and in the evening of the 13th she was more violent; pupils smaller. Was fastened to her bed, which had the effect of quieting her. Appetite as in health. No abatement of hallucinations.

On the 14th, she was permitted to walk about the hall, which was evidently beneficial; but, as night approached, all the symptoms became aggravated; the illusions were frightful; she vociferated when left alone. In the latter part of the night she slept five hours, and was quieted by the company of another person. In the morning (15th) the illusions had ceased, but her mind was not clear; permitted to walk about. As evening approached, her former symptoms again returned, but she slept seven hours; after waking, her mind was perfectly clear, and the cure was perfect.

Discharged on the 17th September.

The delirium, in this case, persisted for nine days. The insomnia was equally protracted; she had only three hours' sleep in seven nights. It was thought to be a fair case to test the practice by expectation, and the result was satisfactory. The same method has been used in other cases with equal success; no case having terminated fatally. These cases prove that the recuperative powers of the system are sufficient to overcome the disease, but it remains to be proved whether it is the best practice. The numerical method of Louis can only settle this question. From the report of one of

the eastern hospitals it would seem, that the treatment by expectation is more successful than any hitherto employed.

During the whole course of this case the strength of the patient was probably as great as in health. The character of the illusions was for the most part pleasing, and at times amusing. At one time she was grasping at some imaginary object, and then conducted her hands to her mouth, as if eating something, as she commenced chewing. She said she was eating bread and cheese.

2.—*Case of Mania à Potu (2d stage), showing the effect of Animal Magnetism as a Therapeutic Agent.* Reported by Dr. A. M. VEDDER, Senior Resident Physician.

Ellen D., æt. 22, an intelligent unmarried female, entered the hospital with mania à potu, advanced to the second stage. Had a similar attack in 1831. Has been addicted to drinking for about sixteen years. For the last two weeks she has been drinking about a pint of brandy daily; some days a quart. She ceased drinking only twenty-four hours before her admission, thinking it might increase a dysentery which attacked her a few days before. Has slept none for two nights past. Was not in the house when former experiments on animal magnetism were made.

At her admission, Oct 5th, P. M., she was in the following condition:—Face rather high coloured and swollen; pupils natural; respiration frequent; abdomen very tender on pressure; complains of dizziness, heaviness, and cephalalgia; sighs now and then; tinnitus aurium; starts suddenly, thinking she has seen a large man; coldness of the feet: thinks she will certainly die; no tremors; pulse 96.

Applicetur cucurbitulæ cum ferro, No. IV. nuchæ, et sinapismata regioni umbilici.

She was ordered half an ounce of brandy every two hours, and, in the intermediate hours, the following powder:—

R. P. ipecac. c. gr. x.; p. opii, gr. ss.

On the next morning she was as follows:—Six of the powders were taken during the night; vomited frequently; slept none; evacuations were frequent, containing mucus, no blood; tenesmus; no tormina. She saw frogs, snakes, etc. on the wall. Respiration 42; complains of the same uneasy sensations, but thinks they were diminished after the cupping; changes her position frequently. The acetate of morphia was directed to be sprinkled on the blistered surface, an epispastic having been applied to the epigastrium in the morning. The cupping was repeated, and the opiate diminished one half. An enema was given, containing f3ss of Tr. opii. The brandy was continued; the vomiting persisted during the day; stools much diminished in frequency. All treatment was suspended, and small quantities of iced water were administered.

She slept none during the night of the sixth;—a grain and a half of morphia was given in divided doses. The illusions continued.

On the morning of the 7th she was more composed; respiration less frequent; pulse 72; vomiting almost ceased; two stools in twenty-four hours; no blood nor mucus. Cupping to be repeated.

We now come to the remarkable features of the case. I remarked to my colleague, Dr. Taylor—not in the presence of the patient—that this would be a fair case to test animal magnetism as a therapeutical agent. The patient had slept none for four successive nights, and had taken in all an equivalent of eighteen grains of opium since her admission; but none for the last sixteen hours. The usual manipulations were accordingly practised in the presence of Dr. T. and the keeper. The patient was as wakeful as at any time previous. Her thumbs were grasped (she was lying in bed), and a few passes were subsequently made; in *three minutes*, to our surprise, she was in a sound sleep, as evinced by snoring and diminished frequency

of respiration, which were carefully noted. She could be aroused when spoken to in a loud tone,—starting suddenly, but instantly falling asleep again. She slept until 12½ o'clock, A. M.—four and a half hours—and awoke spontaneously. At 10½ o'clock, her hand was placed near her forehead, but not so as to touch it; and it remained in this constrained position precisely, until she awoke. She complained of this hand feeling “numb and dead.” She was asked if she had slept; replied she had, but could not say how long, or when she fell asleep. She remarked that she felt “refreshed and like another woman.” Sleep was again produced, after holding her thumbs for one minute and three quarters, and she slept for three hours and a half. Sensibility was not lost, but it was imperfect. No voluntary effort on her own part could keep her awake. Her pulse, while awake, was eighty-four, and soon fell to sixty when asleep. The number of inspirations suffered a corresponding diminution, but they were fuller. After the second nap she felt “giddy and bad.” But the most remarkable phenomenon we have but partially adverted to. Her limbs, when placed in any position, remained so. Her inferior extremities were raised from the bed at an angle of about 30° with the bed, in which position they remained for ten minutes, at the same time supporting the weight of the bed-clothes: they would have remained so longer, but it was not thought prudent to continue them in this constrained position. The same peculiarity was exhibited by all the other voluntary muscles. The illusions entirely ceased after the artificial sleep, if we may so call it. The patient remained in the ward until the 15th, on account of her dysentery, and was then discharged.

We afterwards discovered that it was not necessary to touch her person to produce sleep, and that it could be done in less than a minute by simply looking at her. She was put asleep by several of the resident physicians who were witness to many of the above experiments. Similar attempts were made with two female patients labouring under the same disease, but our success was very imperfect.

We might add several curious points in addition to those stated, but defer them at present.

A. M. VEDDER.

## BIBLIOGRAPHICAL NOTICES.

### *Evers's Comparative Anatomy.*<sup>1</sup>

This work, as its title imports, is but an epitome, yet it contains a succinct account of the results of the labours of modern authors on this interesting topic. It will not occupy more than a number of the “Library,” and it is probable that we may reprint it in the present volume, unless some recent practical essay of appropriate character and dimensions should previously reach us.

The three following articles are from the proceedings of the Royal Society, in the Lond. and Edinb. Philos. Magazine, for December, 1838.

*On the Structure of the Teeth, the vascularity of those organs, and their relation to bone.* By JOHN TOMES, Esq.—The microscopical examinations which the author has made of the structure of the teeth of man and various animals, leads him to the conclusion that their bony portions are formed of minute tubes, disposed in a radiated arrangement, in lines proceeding every where perpendicularly from the inner surface of the cavity containing the

<sup>1</sup> The Student's Compendium of Comparative Anatomy. By P. Evers, Licentiate of the Royal College of Surgeons in Ireland, &c. &c. 8vo, pp. 165. Dublin, 1839.

pulp. These tubuli are surrounded by a transparent material, which cements them together into a solid and dense mass. He finds, by applying the test of muriatic acid, that carbonate as well as phosphate of lime enters into their composition. In man, the tubuli, during their divergence from their origin at the surface of the central cavity, send off a number of very minute fibrils; and on approaching the enamel or the granular substance, which cover respectively the crown and the fangs of the tooth, the tubuli divide into smaller ones, which freely anastomose with one another, and then either are continued into the enamel, or terminate at the boundary between these two substances. Various modifications of this structure, exhibited in the teeth of different animals, in the class of the mammalia and fishes more particularly, are minutely described. The granular substance appears to be composed of irregularly shaped osseous granules, imbedded in the same kind of transparent medium which cements the tubuli together. External to the granular portion, the author finds another substance entering into the formation of the simple tooth, and commencing where the enamel terminates; and which he describes as beginning by a thin and transparent layer containing only a few dark fibres, which pass directly outwards; but assuming, as it proceeds towards the apex of the fang, greater thickness and opacity, and being traversed by vessels.

External to the enamel, and in close connection with it, in compound teeth, is situated the crusta petrosa, a substance very similar to the bony layer of the simple tooth. It contains numerous corpuscles, and is traversed by numerous vessels entering into it from without, and anastomosing freely with one another, but terminating in its substance. These investigations of the structure of the different component parts of teeth, furnish abundant evidence of their vascularity and consequent vitality.

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*On the evolution of Nitrogen during the growth of Plants, and the sources from whence they derive that element.* By ROBERT RIGG, Esq.—In this communication the author follows up his inquiry into the influence and importance of nitrogen in vegetable physiology, by noticing, in the first place, the experiments of Dr. Daubeny, M. De Saussure, Sir Humphry Davy, and those which he himself has made; all of which tend to prove that nitrogen is evolved during the healthy performance of the functions of plants; that the proportion which it bears to the oxygen given off is influenced by the sun's rays; but that owing to the necessary exclusion of the external atmosphere during the progress of the experiments, it is impossible, with any degree of accuracy, to calculate the volume of these evolved gases during any period of the growth of plants in their natural state.

If to this indefinite quantity of nitrogen given off by plants there be added that definite volume incorporated into their substance and shown in the author's former tables, the question arises, whence do plants derive their nitrogen, and does any part of it proceed from the atmosphere? A problem which the author proposes to solve by a series of tabulated experiments upon seeds, and seedling plants, indicating a large excess of nitrogen in the latter, and under such circumstances of growth that he is compelled to fix upon the atmosphere as its source.

By the same mode of experimenting, the author attempts to show that the differences which we find in the germination of seeds and the growth of plants in the shade and sunshine, are apparently due in a great measure to the influence of nitrogen. And he concludes by observing that he does not touch upon the practical application of the subject wherein the real value of the inquiry consists; it is his object to draw attention to an element which, though in some instances so minute in quantity as to be with difficulty detected in our balances, has nevertheless been wisely assigned to discharge the most important functions.

*On the Decussation of Fibres at the Junction of the Medulla Spinalis with the Medulla Oblongata.* By JOHN HILTON, Esq.—The author first alludes to what usually happens in affections of the brain, namely, that the loss of voluntary power and of sensation manifest themselves in the opposite side of the body to that in which the cerebral lesion exists, a fact which has been attempted to be explained by the crossing of the fibres at the junction of the *medulla oblongata* with the anterior or motor columns of the *medulla spinalis*; but such a structure, he observes, affords no explanation of the loss of sensation. The author, then, referring to the communication of Sir Charles Bell to the Royal Society, in the year 1835,<sup>1</sup> describing a decussation connected with the posterior columns, or columns of sensation, mentions that the accuracy of these dissections was doubted by Mr. Mayo and other eminent anatomists. The author proceeds to state that the symptoms of cerebral lesion do not always take place on the opposite side of the body to that in which the lesion of the brain exists, but that they occur sometimes on the same side; that the loss of power and of sensation, although confined to the same side, may exist in either the upper or the lower extremity; but that both are not necessarily implicated; and that, in fact, cases occur where there are marked deviations from what may be considered the more common occurrence. Having observed such cases, and not being aware of any satisfactory explanation, the author, examined with care the continuation upwards of the anterior and posterior columns of the spinal marrow into the *medulla oblongata*, and found that the decussation at the upper part of the spinal marrow belonged in part to the columns for motion, and in part to the columns for sensation; and farther, that the decussation is only partial with respect to either of these columns; thus elucidating by the observation of the actual structure what before appeared very unsatisfactory in pathology, and anomalous in disease.

*Researches in Embryology. First Series.* By MARTIN BARRY, M. D., F. R. S. E., Fellow of the Royal College of Physicians in Edinburgh.—This paper is divided into two parts. In the first part the author describes the origin and structure of the ovisac, a vesicle common to all vertebrated animals, but hitherto regarded as the inner membrane of the “folliculus Graafianus” in mammalia, and by some authors denominated the “chorion” in other vertebrata. He also describes the real nature of the “folliculus Graafianus,” and its relation to the calyx of the bird; the germinal vesicle and its contents, as being the most primitive portion of the ovum; the order of formation of the several other parts of the ovarian ovum: and the true chorion of mammalia as being a structure superadded within the ovary.

In the second part the author describes a granulous tunic of the ovum of mammalia not hitherto observed: the manner of origin of the “membrana granulosa of authors; the different situations of the ovum in the graafian vesicle at certain periods *ante coitum*, not hitherto observed; and certain structures by means of which the ovum is made to occupy these several situations.

The following are the principal facts made known by Dr. Barry in this memoir; but other facts are also mentioned, which he intends to make the subject of a future communication. In mammalia and in birds, the germinal vesicle and its contents are those parts of the ovum which are first formed. The germinal vesicle at an early period is surrounded by peculiar granules, forming an envelope not hitherto described. The ovum of all vertebrated animals is contained in a vesicle (the “chorion” of some authors, found in birds, amphibia, and fishes), which is essentially the same in structure wherever found, and which he thinks it desirable universally to denominate an *ovisac*. This vesicle is the “couch interne” of the graafian vesicle, as

<sup>1</sup> See Lond. and Edinb. Phil. Mag. vol. ii. p. 138.

described by Professor Baer. The graafian vesicle of mammalia is nothing more than an ovisac that has acquired a covering or tunic, susceptible of becoming highly vascular, which covering is the "*couche externe*" of the graafian vesicle as described by Baer. The ovisac of birds, amphibia, and fishes ("chorion" of some authors), acquires in like manner a covering or tunic, susceptible of becoming highly vascular; and by the union of the ovisac with this covering, there is constituted a structure analogous to the graafian vesicle of mammalia. The quantity of yolk in the former being large, that portion of the ovary which contains the structure here referred to (as analogous to the graafian vesicle of mammals) becomes pendent; and now the united coverings of the yolk-ball,—viz. the ovisac, its external tunic, the ovarian stroma, and the peritoneal investment,—are together called the *calyx*. From this it will be obvious that the graafian vesicle is not a structure peculiar to mammalia, as it has been supposed.

The ovisac has at first an elliptical or ellipsoidal form, becomes more spherical, and in mammalia is often met with somewhat tapered at one end. The structure of the ovisac in some of the mammalia may be examined when it does not exceed in length the 50th or even the 100th part of a Paris line, that is, in the latter case, the 1125th of an English inch. Myriads of ovisacs with their contents are formed that never reach maturity. Some of the ovisacs which do not reach maturity are situated in the parietes of graafian vesicles in mammalia, or of the corresponding structures in other vertebrata; being sometimes formed in this situation, and sometimes included within the covering which the larger ovisac acquires. The minute ovisacs so situated the author proposes to denominate *parasitic ovisacs*. The ovisac is often found in a cavity proper to itself, with the walls of which it has no organic union. The granules forming the envelope of the germinal vesicle above referred to, and subsequently found in the fluid of the ovisac, are very peculiar in their appearance, contain a nucleus, and sometimes also a pellucid fluid, and are intimately connected with the evolution of the ovum. These granules are present in largest quantity in the ovisac of mammalia; yet granules essentially the same exist in an early stage in the ovisac of birds, and are sometimes met with in that of fishes.

A continual disappearance of ova, and a formation of other, are observable even at a very early age. The ovum of mammalia when completely formed, is at first situated in the *centre* of the ovisac. It is at this period supported in the centre of the ovisac by an equable diffusion of granules throughout the fluid of the latter. The ovisac about the same time begins to acquire a covering or tunic, by which addition, as already stated, there is constituted a graafian vesicle; and of the latter the ovisac is now the inner membrane. After this period, then, it is proper to speak, not of an ovisac, but of a graafian vesicle. The peculiar granules of the graafian vesicle arrange themselves to form three structures, viz. the *membrana granulosa* of authors, and two structures not hitherto described, one of which the author proposes to name the *tunica granulosa*, and the other, which is rather an assemblage of structures than a single structure, the *retinacula*. The tunica granulosa is a spherical covering proper to the ovum, and its presence explains why the outer line in the double contour of the thick chorion has remained so long unobserved. At a certain period this tunic, in some animals at least, is seen to have tail-like appendages, consisting of granules similar to its own. The retinacula consist of a central mass containing the ovum in its tunica granulosa, and of cords or bands extending from this central mass to the membrana granulosa. These structures at a certain period become invested by a membrane. The offices of the retinacula appear to be,—first, to suspend the ovum in the fluid of the graafian vesicle,—next to convey it to a certain part of the periphery of this vesicle,—and subsequently to retain it in the latter situation, and also to promote its expulsion from the ovary. The particular part of the periphery of the

graafian vesicle to which the ovum is conveyed, is uniformly that directed towards the surface of the ovary. The mass of granules escaping with the ovum on the bursting of a graafian vesicle under the compressor, is composed chiefly of the tunica granulosa and the ruptured retinacula. The "cumulus" of Professor Baer is made up of the parts called by Dr. Barry the tunica granulosa and the central portion of the retinacula; and the band-like portions, collectively, of what Dr. Barry calls the retinacula, mainly contribute to produce the appearance denominated the "flat disc" by Professor Baer.

In mammalia a thick and highly transparent membrane—the true chorion—is formed external to the proper membrane of the yelk, while the latter is in the ovary. The inner part of the substance of the chorion in its early stages is in a fluid state, so that the yelk-ball moves freely in it; but it subsequently acquires more consistence. There is not any structure corresponding to the chorion in the ovary of other vertebrated animals.

The following appears to be the order of formation, as to time, of the more prominent parts of the ovum and the graafian vesicle in mammalia, viz.:—

1. The germinal vesicle, with its contents, and its envelope of peculiar granules.
2. The proper membrane of the ovisac, which forms around this envelope of granules.
3. The yelk, which forms around the germinal vesicle.
4. The proper membrane of the yelk, which makes its appearance while the yelk is still in an incipient state.
5. The chorion.
6. { The covering or tunic of the ovisac; and about the same time, the peculiar granules of the ovisac arrange themselves to form—  
 { The tunica granulosa,  
 { The retinacula, and  
 { The membrana granulosa.

Such of these structures as are present in the ovary of other vertebrata, appear to originate in the same order as to time.

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*Contributions to the Physiology of Vision.* By CHARLES WHEATSTONE, Esq., F.R.S., Professor of Experimental Philosophy in King's College, London. Part the First. "On some remarkable and hitherto unobserved Phenomena of Binocular Vision."—The author first shows that the perspective projections of an object upon the two retinae differ according to the distance at which the object is placed before the eyes; if it be placed so distant that to view it the optic axes must be parallel, the two projections are precisely similar; but if it be placed so near that to regard it the optic axes must converge, a different perspective projection is presented to each eye; and these perspectives become more dissimilar as the convergence of the optic axes becomes greater. Notwithstanding this dissimilarity between the two pictures, which is in some cases very great, the object is still seen single; contrary to the very prevalent metaphysical opinion, that the single appearance of objects seen by both eyes is owing to their pictures falling on corresponding points of the two retinae. After establishing these principles, the author proceeds to ascertain what would result from presenting the two monocular perspectives, drawn on plane surfaces, to the two eyes, so that they shall fall on the same parts of the two retinae as the projections from the object itself would have fallen. Several means are described by which this may be accomplished; but the author especially recommends for this purpose an apparatus called by him a *stereoscope*, which enables the observer to view the resulting appearances without altering the ordinary adaptation of the eyes, and therefore without subjecting these organs to any strain or fatigue. It consists of two plane mirrors with their backs inclined

to each other at an angle of  $90^\circ$ , near the faces of which the two monocular pictures are so placed that their reflected images are seen by the two eyes, one placed before each mirror, in the same place; the apparatus has various adjustments by means of which the magnitude of the images on the retinae may be varied, and the optic axes differently converged. If the two monocular pictures be thus presented one to each eye, the mind will perceive, from their combined effect, a figure of three dimensions, the exact counterpart of the object from which the pictures were drawn; to show that this curious illusion does not in the least depend on shading or colouring, the illustrations principally employed are simple outline figures, which give for their perceived resultants skeleton forms of three dimensions. Each monocular outline figure is the representation of two dissimilar skeleton forms, one being the form which it is intended to represent, and another, which Prof. Wheatstone calls its converse figure. Viewed by one eye alone the outline may with equal ease be imagined by either; but when the two monocular pictures are viewed one by each eye, the proper or the complementary form may be fixed in the mind; the former, if the right and left pictures be presented respectively to the right and left eyes; and the latter, if the right picture be presented to the left eye, and the left picture to the right eye. Many new experiments are then detailed, and a variety of instances of false perception of visual objects, some new, others formerly observed, are traced to these principles; among others, the well known apparent conversion of cameos into intaglios. The author next proceeds to show that pictures similar in form but differing in magnitude within certain limits, when presented, one to each eye, are perceived by the mind to be single and of intermediate size; and also that when totally dissimilar pictures, which cannot be combined by the mind into the resemblance of any accustomed objects, are presented one to each eye, they are in general not seen together, but alternately. The memoir concludes with a review of the various hypotheses which have been advanced to account for our seeing objects single with two eyes; and the author states his views respecting the influence which these newly developed facts are calculated to have on the decision of this much-debated question.

*Case of Amaurosis.* By DR. ALLE, of Brunn.<sup>1</sup>—A strong, and previously healthy woman, 30 years old, had taken drastic pills, and induced a severe diarrhoea, to which was superadded a fever of remitting typhous and gastric character. This had continued above a week, when Dr. A. was called in. The diarrhoea diminished under the use of sal ammoniac in small doses; but the patient was suddenly seized, after eating, with perfect amaurosis, without any fever. An emetic restored the power of vision in part, and a repetition of this remedy, followed up for several successive days, by the use of strong valerian tea, completed the cure.

*Preservation of Bodies by Arsenic.*<sup>2</sup>—Amongst the substances which have been most frequently employed for the purpose of retarding the decomposition of the human body is arsenic, and the following experiments, an account of which is contained in the Calcutta Quarterly Journal, show with what advantage it may be applied, even in a warm climate.

The experiments to which we allude, consist in the injection of an arsenical solution into the blood vessels shortly after death, in the manner recently to be detailed. The method in question was first recommended by Dr. Tranchina, of Palermo, who published an account of it in the Sicilian journal, *La Cerere*, in 1834.<sup>3</sup>

On the 9th of March, a favourable subject having been selected, a solution,

<sup>1</sup> *Med. Zeits. f. Geburtsh. v. Busch u. s. w. Bd. v.*

<sup>2</sup> *Lancet*, Nov. 3, p. 247.

<sup>3</sup> See *Intelligencer*, vol. ii. p. 65.—*Ed.*



consisting of one pound of white arsenic, boiled in eleven pints of water, was injected into the carotid arteries. The injecting tube was first introduced into the carotid arteries. The injecting tube was first introduced into the vessel of the right side, and pointed upwards so as to send the injection through the head. The pipe was next placed in the left carotid, and a further portion of the solution injected downwards through the arch of the aorta. Sufficient pressure was employed to return the fluid through the superficial veins. The remainder of the solution was then thrown into the abdominal cavity through a very small opening, so as to prevent the access of air. The subject was then allowed to remain undisturbed up to the 19th March, in a room at the temperature of the season, varying from  $85^{\circ}$  to  $90^{\circ}$ . On that day the only external change observable was a slight dryness and shriveling of the extremities of the fingers and toes: the eyes were sunken and covered with a white efflorescence, and the cuticle generally could be scraped off with ease. The abdomen was opened, and the muscles were seen to be as red and fresh as though the individual had died but an hour before. The external coat of the intestinal canal was slightly red, but all the other viscera were natural in appearance, and free from the usual abdominal fetor. On cutting into the intestines, the morbid characters of dysentery, the disease of which the patient had died, were beautifully marked. Huge sloughs were hanging from the ulcerated mucous membrane of the colon, and the usual signs of inflammatory action were as distinctly visible upon the coats of that part of the bowels, as they could be in the most recent subject. The thorax presented appearances perfectly fresh and natural. The cranium was then opened, and the brain was observed to be similarly unchanged; indeed, it was so remarkably firm and fresh, that Professor Goodeve took it away with him to serve for his anatomical lecture upon that organ; and having undergone the usual soaking in alum water for a few hours, it could not be surpassed as a subject for demonstration by the most recent brain ever extracted. Perhaps this is the first time that the brain removed from a corpse nearly a fortnight after death, could ever be made available for the purposes of the anatomical lecturer. We all remember how hopeless, even in Europe, under the most favourable circumstances, is the task of unraveling the mysteries of the cerebral labyrinth in a brain which has been allowed to remain in the body more than a few hours after death; how much less, then, could this have been expected in a tropical climate, with a thermometer at  $90^{\circ}$  for a great part of the day.

The abdomen and scalp of the body under experiment was then sewed up with care, and some more of the arsenical injection was introduced into the cavities which had been exposed. The body was again *left to repose*, and up to the present day, (the 1st of April), upwards of three weeks after death, but little further alteration has taken place in its external appearance, except an increased shriveling and some slight signs of putrefaction in the dorsal region.

The success of the first experiment emboldened the professors of the medical college, Calcutta, after a few days, to inject other bodies. As yet, it was not known whether dissection would interfere with the antiseptic properties of the arsenic, for the inventor spoke of the injection only as a means of preserving the bodies entire; but we rejoice to say, that the arsenic loses none of its preservative characters, although the whole body be subjected to the operation of the anatomist.

Several subjects have now been injected with the preparation in question, and all have been preserved in a degree which has astonished those who have had an opportunity of observing them. Many of these bodies remained under examination for seven and eight days,—until, indeed, they were completely dissected—before any putrefaction commenced. Of these some were permitted to continue untouched for a day or two before they were dissected, with a view to permit the arsenic to penetrate all the tissues of the body, and become thoroughly infiltrated into every part. Others were

given up to the knife the instant the injection had been completed ;—both cases were attended with similar results ; though, perhaps, the former is, upon the whole, the preferable method where minute dissections, requiring a length of time for their completion, are intended. With a view to test the value of the arsenic, several bodies, which have not been *arsenicated*, were placed in the same room with those injected, but the heat of the climate had such an effect upon them, that they putrefied rapidly, and were perfectly intolerable and useless in eight and forty hours. In one subject an injection of alum, nitre, and common salt, was introduced into the upper extremity ; but this preparation, although strongly recommended, was utterly inefficient : indeed, it seemed rather to hasten putrefaction than retard it.

It will be observed, that, in the first experiment, the injection was made through the carotids : this was in obedience to the directions of the inventor, because, he says, that it is important to prevent the air from entering the cavities of the body, which would occur if the thorax were divided and the injection driven from the aorta. But in all the subsequent cases in the Medical College, the injections were introduced in the ordinary mode, by lifting up the sternum and inserting the pipe into the left auricle of the heart. This, which is far less troublesome than the former method, is found to be equally efficacious for all ordinary purposes, although, perhaps, it may be advisable to follow Dr. Tranchina's directions, where it is an object to preserve the body untouched for any great length of time. It is right to state, also, that some pieces of flesh have been preserved in the solution for several days together without putrefying—in fact, substances actually in a state of decomposition were restored to a certain degree of sweetness, and the fetid odour which exhaled from them speedily destroyed by remaining a few minutes in the arsenical liquor.

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*Paralysis of the Facial Nerve.* By DR. ULRICH, of Coblenz.<sup>1</sup>—Dr. U. witnessed a palsy of all the muscles of the left half of the face, which are supplied by the facial nerve, in a lady of rank, who had traveled from Italy into Germany in hot weather, and before the palsy had suffered several weeks from dull headach. The muscles of mastication performed their functions without disturbance, but the peculiar muscles of the face remained quite still during the act of speaking, and the mouth was drawn toward the right side. The left eye could not be closed, and the patient endeavoured to remedy this evil in a measure, by turning the ball strongly upward and thus protecting the pupil under the open eyelid. Sensation remained undisturbed. The patient suffered from periodic pain and sense of heat in the left side. She was well in other respects and her mind unimpaired ; spoke with some, but not much difficulty, and at times placed her hand upon her left cheek, so as to give the mouth its right direction. It appeared most probable, from the previous headach, that the lesion of the nerve existed within the skull, and this rendered the prognosis less favourable. The actual result of the case was unknown to Dr. U., but he heard of the patient's death about a year afterward.

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*Case of Epilepsy continuing Nine Years, and at length removed by an accidental Injury.* By SALVATOR DE RENZI, communicated by Dr. Busse, of Berlin.<sup>2</sup>—A young man of 18, who had suffered from epilepsy since his eighth year, was now subject to weekly attacks, and had tried various remedies without benefit. In consequence of an explosion of gunpowder, he fell from an upper into a lower story, and suffered a fracture of the os frontis and of the left thigh. These injuries confined him to the bed for five months ; the wound of the head suppurated and the bone exfoliated. During this time

<sup>1</sup> Caspar's *Wochensch. f. d. gesam. Heilk.* 1838, Nr. 9.

<sup>2</sup> Hufeland's *J. d. prac. Heilk.* Jan. 1838.

he had no return of the paroxysm; his countenance also became intelligent, and his mental powers returned. Hardly had the wound of the head closed, when the epileptic attacks returned with renewed violence. Dr. R. then placed a seton in the patient's neck, and from that time the epilepsy disappeared.

*Emetic Injection into the Median Vein.* By SURGEON BALBACH, of Wollin.—Dr. B. was applied to at an early hour by a patient, who on the previous day, at dinner, had attempted to swallow a large piece of meat, which refused to pass into the stomach. Nothing could be discovered by external examination. The man was directed to take some water, and make a strong effort to swallow, but this expedient proved fruitless. An attempt was then made to push the foreign body into the stomach with a probang; but this was found to be impossible. Dr. B. then proceeded to operate by pinching up and dividing a fold of skin over the median vein, laying bare the vessel, passing a probe under it, and making an incision of sufficient size to admit the orifice of a syringe. The arm was held in a perpendicular position by an assistant, and a quantity of a solution of tartar emetic, three grains to the ounce, was thrown into the vein. In less than a minute the patient complained of nausea. A second injection brought on vomiting in two minutes, and a piece of meat was rejected, two inches long, one and a half broad, and one thick.

*University of the City of New York.*—It is affirmed, in the last New York Weekly Whig, that all the medical professors of this nascent institution, dissatisfied with the acts of the council, have resigned their situations.

### BOOKS RECEIVED.

*From the Publishers.*—A Treatise on the Diseases produced by Onanism, Menstruation, Self-Pollution, and other Excesses. By L. Deslandes, M. D., Member of the Royal Academy of Medicine at Paris, and other learned societies. Translated from the French, with many additions. 12mo, pp. 252. Boston, 1838.

[We doubt exceedingly the utility of publishing works like the present. Our own professional observation would lead us to infer, that the results of the practices mentioned, injurious in many respects, as they doubtless are, have been greatly exaggerated; and on the same grounds we cannot help suspecting unintentional ultraism in the statement in the preface, copied from the last annual report of the State Lunatic Asylum of Massachusetts, "that of the number of insane received at that institution during the last year, no less than *thirty-two* lost their senses from this cause."

The mischief is great; but may not works like the present suggest the practices to minds previously unacquainted with them, rather than deter those who are already guilty.]

The Student's Compendium of Comparative Anatomy, By P. Evers, Licentiate of the Royal College of Physicians in Ireland. 8vo, pp. 168. London, 1839.

*From the Author.*—Anatomical Cabinet, belonging to R. D. Mussey, M. D., Professor of Surgery in the Medical College of Ohio. Printed for the use of the pupils. 8vo, pp. 20.

<sup>1</sup> Med. Zeit. v. Vereine f. Heilk. in Preuss. 1837, Nr. 49.

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## ART. I.—ABSTRACT OF LECTURES ON THE EXCISION OF JOINTS.

BY MR. LISTON.

(Delivered October, 1838, at the University College Hospital.)

### DISEASE AND EXCISION OF THE SHOULDER—DISEASE OF THE FOOT.

Excision of the joints, said Mr. Liston, was an operation which had been practised, he feared, rather indiscriminately, in cases where, perhaps, complete rest might have saved the patient the suffering and risk of an operation; or again, where the disease was so far advanced that no hope of recovery from this operation was left. It was, however, a highly advisable and successful proceeding in many cases. There was, generally speaking, little difficulty in effecting the disarticulation, the ligaments being almost destroyed; though, in the case of the elbow which was operated on the other day, there was a great deposit of new bone round the diseased part, with a condensation of the soft parts, which rendered the proceeding somewhat more difficult than usual. This deposit of new bone, as he had already remarked, would disappear by absorption after the ulcerated and unsound articulating ends were removed; further, it was not at all necessary to interfere. Young subjects might, after excision, recover some useful motion of the elbow-joint: the muscles of the neighbourhood formed new attachments, new ligaments were formed, and bone deposited. This was not to be expected in the adult, in whom it was a safer and better plan to endeavour to obtain a stiff joint at the most favourable angle.

#### DISEASE OF THE SHOULDER-JOINT

was of less frequent occurrence than any of the others. This disease was indicated by wasting and weakness of the affected limb; indeed, in the primary stages of the affection, the weakness was the only sign to lead to a supposition of the real state of the case. You would find the deltoid, supra spinatus, and other neighbouring muscles, wasting away, without pain or much annoyance to the patient, except when the joint was moved, so as to bring the articulatory surfaces in contact. The limb became loose, in consequence of the ligaments being softened, and there was great latitude of motion in every direction. Unless the progress of the disease was soon checked, it rapidly gained ground. The disease generally commenced in the synovial membrane, and then ulceration of the surface of the bones forming the joints took place. In the first stage of the complaint, absolute repose of the limb, by means of a sling and a splint, formed of thin skirt leather, was the proper proceeding. When pain was present, counter-

irritants were to be employed, and repeated blisters, formed by means of the nitrate of silver, was one of the most efficient means of carrying this into effect. An issue might be formed on each side of the joint, by imposing a bit of potassa fusa, the size of a split pea, and confining it by a bit of lint and plaster for a few hours. This was quite as efficient, and much less appalling and painful, than the actual cautery in any form, moxa or other. Peas were not necessary; as dressing the part with ointment of tartarised antimony, when it was likely to heal, for an hour or two, was quite sufficient to refresh it and restore the discharge. The patient's health must also be looked to, and the preparations of iron were among the most useful. The disease, however, would frequently go on in spite of every plan, or the patient might not, as in the case of W. E. (*Lancet*, vol. i., 1838-9, p. 210), apply sufficiently early to carry these proceedings into effect; not coming under the eye of the surgeon until matter had formed in all directions, and the joint had become thoroughly disorganised. In such a case as that, means must be taken to remove the cause of the local disturbance; and as it would be cruel, under such circumstances, to amputate the limb, the operation of resection should be resorted to. This operation had been practised by Messrs. Bent, Orred, Moreau, Morel, Syme, and himself. Mr. Blackburn had alluded to the cases which he (M. L.) had treated, and complains that he could procure no satisfactory account of them, so that he might render them available in his paper. As he (Mr. L.) was settled in London at the time the paper was written, he felt rather surprised that no application had been made to him for the particulars, both of these and the operations on the elbow and other joints, which he would have willingly furnished. He had performed the operation on the shoulder three times successfully, and the parts removed were before them. The operation of excision of the shoulder was one which must vary according to the extent of the disease. In some cases it was sufficient to remove the head of the humerus; while in others, portions of the scapula must be taken away. In cases like that of W. E., the glenoid cavity was sound, but the end of the acromion and clavicle required excision. It was done in this case by means of the cross-cutting forceps, without difficulty; the saw could not be well employed in this part of the operation.

#### DISEASE OF THE FOOT.

The great toe was very frequently diseased; the smaller toes were not nearly so often affected; he had seen, he should think, not more than ten or twelve cases of disease in the small toes during the last fifteen years. The great toe was much more exposed to injury than any of the others. The disease commenced either in the bone itself, or in the articulation; and here were a great many specimens in which it had taken place in the metatarsal bone. Sometimes it commenced in the bone, and implicated the joint, while it often, again, commenced in the articulations, and, most frequently, in that one between the metatarsal bone and phalanx. Here is a specimen, removed a few days ago from an unhealthy lad, in whom swelling and pain on the inner part of the foot came on without any assignable cause, and a collection of matter formed. He (Mr. L.) suspected, at first sight, that the bone was diseased. The abscess was opened freely, and on introducing a probe, some days afterwards, into the wound, it was found to pass into the cancellated structure. The disease, as they might perceive, lay betwixt the head of the metatarsal bone of the great toe and the internal cuneiform bone, which was also extirpated. Here was a specimen of necrosis in the same situation. Two years ago he had delivered a lecture, which was published in *The Lancet*, on the diseases of the great toe, in which engravings of various diseased specimens, and this amongst the number, were given, and the plan of treatment to be pursued in each case was fully laid down; to this he would refer them.

He had already stated that he had seen the metacarpal bone of the thumb

removed, the organ being afterwards useless. The metatarsal bone of the great toe had also been taken out; amputation, he was now fully convinced, would have been a more advisable proceeding—one attended with much less pain. Generally speaking, the entire of the part diseased, and a portion of sound bone beyond, should be removed. The amputation might be performed at any of the articulations; or, again, it might be necessary to divide the bone in its middle, as in the disease in the metatarso-phalangeal joint. The removal of the whole of the metatarsal bone was frequently rendered imperative. Even the bone supporting that, the internal cuneiform, as they had witnessed, circumstances might demand the removal of. The cutting forceps introduced by him (Mr. L.) many years ago, into the surgical apparatus, afforded great facility in many of these operations. The sole of the foot and palm of the hand, when the use of this instrument was well understood, did not require to be encroached on; and hence there was much less trouble from hemorrhage, the plantar or palmar arches being generally uninjured.

There was often very extensive disease of the foot, involving the entire chain of bones running across it, the whole of the tarsal bones, or the articulation between them, becoming affected, from which it sometimes became necessary to remove the foot by Chopart's operation. Again, the disease might only involve one bone, as, for instance, the cuboid, or os calcis; and in some cases the joints were untouched, though, generally speaking, they were more or less affected. A common seat of the disease was in the articulation between the astragalus and os calcis, and this soon spread to the other bones and joints of the foot. In this case (showing a recent specimen) it is probable the disease commenced in the bone—the os calcis, as could be observed, was a mere wreck. It was in the synovial apparatus between the bones, on the other hand, that the disease in the patient Tuck seemed to have originated. Disease of these parts, like that in other joints, soon involved the neighbouring parts. In this case there were swelling, pain, and inability to use the limb; abscesses formed around: these burst, forming a number of sinuses, which ran across the joint, and led to the bones. In one of the cases in question, the abscess appeared between the tendo Achillis and the bones of the leg. Rest, counter-irritation, and supporting the patient's health, is the plan of proceeding in the early stages, and this must be for a long time persevered in. It was well to make the patient walk about, resting upon the knee, on a wooden leg, instead of using crutches. In advanced cases, any plan was often unavailing, the knife being at last required. When this was determined on, it would remain to be considered what would be the best plan of amputating; and this would depend, in a great measure, upon the means which the person has of getting proper apparatus. Now and then, however, in diseases of the foot, the member might be saved by a partial removal of the bones, as when the disease was situated in the cuboid bone, or calcaneum. An incision, to effect this, should be made in the external parts, and the diseased portion removed by means of a small trephine, scoop, or forceps. Sometimes a carious cavity had to be dealt with, and occasionally portions of dead bone might be taken away, with a fair prospect of permanent recovery. One or two such cases had been so treated in this hospital. Resection might be resorted to occasionally, even where the tibio-tarsal articulation was affected. He had performed this operation several times when in the north. He had, indeed, removed the whole of the ankle-joint successfully in two instances; the only inconvenience arising from the operation, consisted in the limb being rather short, and the joint stiff. He had seen those two individuals walking stoutly and well, many years after the operation, and they might be forthcoming yet perhaps. In cases of accident, where the end of the tibia, sometimes with the fibula and astragalus, had been thrown out of their place, the removal of the protruding portion was, as they must be aware, an advisable and successful proceeding, and one which had often

been practised by many good surgeons, as Park, Gooch, Hey, Sir A. Cooper, &c. &c.

They had lately witnessed a very rapid recovery after the removal of more than an inch and a half of the articulating end of the tibia. The circumstance of the fibula being entire or not (and it seldom did escape in this injury) had a considerable influence on the cure, as regarded its rapidity and the usefulness of the member. The diseases of the knee and hip-joints are still to be considered.

## ART. II.—CLINICAL REMARKS ON DISEASES OF THE LUMBAR VERTEBRÆ.

BY SIR B. C. BRODIE, BART.<sup>1</sup>

Nathaniel Jones, admitted 23d May, under Sir B. Brodie. Seven months previously he perceived a small tumour in the groin, near the femoral vessels, which has gradually increased, but without pain. After walking, the leg swells. He never had pain in the back, excepting when he took cold. The tumour is now large, but gives him no pain; he experiences no difficulty in making water; it is elastic, and pressure evidenced fluctuation in it. It was situated under Ponpart's ligament, at the upper and anterior part of the thigh. Diagnosis—lumbar abscess. Sir Benjamin made the following observations on the case:—At first sight it appears like lumbar abscess, a term which you will find in many works, and many surgeons use it without knowing precisely what it is. Mr. Abernethy attended much to this disease, and formed very erroneous notions respecting it, and from him these errors have been handed down. He supposed these abscesses to be situated in the psoas muscle; and those which arose from disease in the vertebræ he considered to be exceptions to the general rule. I was looking, this morning, into Mr. Cooper's "Dictionary of Surgery," and the same opinion is there given; and I have conversed with many surgeons who hold the same views. It is very odd, if these opinions be correct, that abscess should form in the loins. True, it may form there as well as in the posterior mediastinum; but, in this part of the body, it very rarely occurs, independently of disease in the osseous structures. I have examined many persons who have died of this disease, and I never found the vertebræ, or their connected textures, free from disease. I have notes of one abscess in the soft parts, coming forward above Pourpart's ligament. After a time a lumbricus was discharged, I suppose from ulceration of the cæcum; but then this was not a lumbar abscess. It is true, that in dissection the original disease is overlooked, but if you remove the psoas muscle, you will find some little sinus, through which a probe may be passed, leading to the seat of disease, either in the vertebra or its cartilages. Cases occur sometimes in which the disease is seated in the dorsal vertebræ; the matter makes its way through the posterior mediastinum, between the crura of the diaphragm, along the psoas muscle into the groin, but most commonly you find it presenting under the abdominal parietes. I have known a child carry about with it one of these abscesses as big as his head.

Caries of the vertebræ is best understood from dissecting those who die in the early stage of the disease, and if you look out for these cases you will find plenty of them. You will sometimes find, where the disease is not much advanced, the bones and cartilages softened only. In another case, you will find increased vascularity added to this; and, in a third instance, ulceration in all its stages, either in front of the bone or at the side. Sometimes you will find the bone hard, and the cartilages brown and very brittle, and ulceration will commence in them first and extend to the bone; or you may find the bone in a state of chronic inflammation, dark,

<sup>1</sup> *Lancet*, Nov. 24, 1838.

and very vascular, with ulceration occurring at the union between the bone and cartilage. The lumbar vertebrae are most liable to caries, but angular projection most frequently arises from the dorsal vertebrae, as the spines are longer; and when the bodies are thrown forward from the weight of the body, the slightest tilting will throw the dorsal spinous processes upwards.

Ulceration of the bones and cartilages will go on to a great extent before matter forms, which will sometimes discharge itself at once. Generally, however, a very slight disease of bone will produce a large quantity of matter, and *vice versa*. (Sir Benjamin illustrated this fact by the case of a lady who had a piece of the great trochanter, as large as a grain of wheat, diseased, and who yet, to use his own words, "had a pocket-full of matter in the thigh.") If the matter do not discharge early and easily, it will increase and collect rapidly. In this man's case, the abscess has come forward along the psoas muscle in front of the thigh. I have met with some of these lumbar abscesses that have made their way through the abdominal ring and along the spermatic chord. Sometimes they will appear behind, passing between the sacro-lumbalis muscle and spine of the ilium. In these cases it is very difficult, from their unusual situation, to tell precisely what they are, but wherever they appear they are one and the same disease, and spring from the same cause. It is very rare, indeed, to meet with a patient having lumbar abscess after the age of 30.

The symptoms show themselves very insidiously. Sometimes there is merely pain in the loins upon stooping, with slight hectic in the evening; sometimes there is no pain; whilst, in other cases, the pain is great, and, at last, an abscess forms. Where there is no pain, the disease is generally of a scrofulous character, and the vertebrae are found, after death, to be soft, vascular, and containing either a fluid or a cheesy deposit. Where there is pain, the bone is generally affected with chronic inflammation, and there is no very perceptible change of structure, at first, either in the bone or the cartilage.

The prognosis varies. In this man the disease has progressed very rapidly. Sometimes it is very slow. A gentleman once consulted me respecting a pain in the loins from which he had suffered for ten years, and which eventually terminated in psoas abscess.

The treatment of lumbar abscess is the same as when abscess is met with in any other part of the body. I just make a free opening sufficient to let the matter run out easily, without squeezing or using pressure. If you make the opening a small one, it is liable to be blocked up by flakes of coagulable lymph, and if you only make a moderate opening, you must use pressure to evacuate the matter, which is always injurious, causing hemorrhage or inflammation of the cyst, attended with considerable constitutional disturbance, which sometimes will come on in spite of all that you can do. After opening the abscess you should keep your patient perfectly quiet, in the recumbent posture, and the abscess will gradually contract into a mere sinus. The orifice will sometimes heal, and sometimes remain open; if the former, it will be necessary to open it again, but not with so large an aperture as at first; but I prefer it to remain open. (Sir B. Brodie here recapitulated the plan pursued by the late Mr. Abernethy, which it is not necessary that we should give.) The diseased parts should be kept in perfect repose, and the constitution should be strengthened by the patient residing at the sea-side. Where, from the early stage of the disease, the patient complains of much pain, mercury and sarsaparilla will be useful, and a caustic issue in the loins may be likewise very serviceable.

With regard to this case, gentlemen, there is curvature of the lumbar vertebra, but it has not the same appearance as these cases usually present; it is not a mere angular projection. This may turn out to be nothing uncommon; but still I am inclined to think that some difference will be found between this case and the usual ones. The tumour was supposed to be a lumbar abscess; but previous to Mr. Cutler opening it he punctured it



with a needle, and serum only came out; this proved that there was no abscess, and yet I do not doubt but that there is diseased bone. Yet serum in connection with this is, I confess, something new to me. I should not fear to puncture this if it were an abscess, but I should much fear to puncture a cyst containing serum only. Serum, you know, collects in synovial membranes, in the bursæ, and in the sheaths of the tendons, and it is possible that in this case, serum may have collected in the tendinous sheath of the psoas muscle. I have known several cases in which great constitutional disturbance followed the opening of a bursa. However this case may turn out I know not; it may be lumbar abscess, or it may be something very different from it.

### ART. III.—ON THE TEMPERATURE OF THE VAGINA AND OS UTERI DURING LABOUR.

The remark of Dr. Granville,<sup>1</sup> that the temperature of the uterine system, during parturition, sometimes rises as high as 120° of Fahrenheit's scale, has always struck us as needing farther confirmation. We have often been impressed with the seemingly elevated temperature of the vagina under these circumstances, but have always suspected<sup>2</sup> inaccuracy in the observations of Dr. Granville, not only because the temperature he indicates is so much higher than has ever been noticed in any condition of the system, or of any organ, but because the results of our own experiments have not shown that the temperature is *really* much elevated in the cases in question.

The following results of observations made at our request by Dr. Barnes, one of the Senior Resident Physicians of the Philadelphia Hospital, Blockley, so far as they go, confirm our own. They likewise exhibit the ratio of the pulsations of the maternal and the foetal heart at the times of observation.

#### OBSERVATION FIRST.

Pulse.	Foetal Heart.	Temp. within Labia.	Temp. at os uteri.
84	130	100°	100°

This is the *average* result of a series of Thermometric observations, made during a space of 25 minutes; six hours after the commencement of true labour pains, and one hour previous to the delivery of the child. The patient was in labour with her first child, of an exanguious habit—with a hereditary predisposition to phthisis.

#### OBSERVATION SECOND.

Pulse.	Foetal Heart.	Temp. at Labia.	Temp. within os uteri.
72	120	100	102

The result of a single observation made, in the case of T——— A———, 12 hours after the commencement of regular and severe, but not propulsive pains. The patient is stout and muscular—of short stature—and of intemperate habits. A few minutes after making the first observation, the pains ceased entirely, and did not recur until twenty-four hours after.

#### OBSERVATION THIRD.

Pulse.	Foetal Heart.	Temp. at Labia.	Temp. within os uteri.
73	128	105	106

<sup>1</sup> Philosoph. Transact. for 1825, page 262; and Sir E. Homes Lect. on Compar. Anat. p. 201. Lon. 1828.

<sup>2</sup> See the Editor's Human Physiology, 3d edit. vol. ii. p. 226. Philad. 1838.

The *average* result of a series of observations made during a space of two hours, commenced 14 hours after first labour pains, and terminating with the delivery of the placenta. The patient was of a full and corpulent habit, and in labour with her first child.

## BIBLIOGRAPHICAL NOTICES.

### *Reese's Introductory Lecture.*<sup>1</sup>

We have no reason to find fault with the general views on Medical Education, propounded by the author of the Lecture before us. They are sound and well expressed. He has evidently bestowed on our own observations on this matter his attention, (p. 29), and we are, of course, not displeased to observe the accordance between us on many points.<sup>2</sup>

We think, however, that animadversions may be made, without any captious feeling, on some of the sentiments that are contained in an early part of the address, in which the author treats of the disadvantages of *large* cities as regards the morals of Students. But we will permit him to speak for himself:

"The objection to large and populous cities, as being unfavourable to the prosperity of literary institutions, is becoming very general, and increasingly so; especially in relation to the overgrown Atlantic cities. The inhabitants of such cities accordingly do, for the most part, send their own sons to remote and smaller places for Academic education. And in no department do the objections lie so forcibly as in reference to Medical Institutions. The age at which young men ordinarily pursue our science is that when most of all they are endangered by the snares and vicious associations which abound in such places. The risk of forming bad habits and acquiring corrupt morals by contact with the profligacy and dissipation to which such cities too often subject the young, is inconceivably greater at the time of life in which young gentlemen are employed in attending medical lectures. So many fathers and mothers have had their gray hairs brought down to the grave in sorrow, by the ruin of their sons in large cities, during their attendance upon the duties of college life, that very many, warned by such beacons, prefer greatly the inferior advantages of smaller, and even country institutions. And to this circumstance is doubtless to be ascribed in no small degree, the success of literary institutions in all departments, which are located, like Yale and others, remote from the contaminating and corrupting influences of large cities.

But in our department, experience and observation have shown what a moment's reflection will suggest as certain, that inferior and country towns are but ill adapted to the acquisition of medical knowledge, by reason of the unavoidable lack of opportunities for acquiring practical knowledge. At the same time a medical diploma is increased in value, in the public estimation, by the character and importance of the school where it is issued. And as the name of an obscure village, however able its Faculty, requires centuries before it can lend a charm to its college, and especially as such a village can afford no facilities for practical clinical or surgical knowledge, these are regarded as valid objections to a strictly country school.

Shall we be justly chargeable with arrogance when we affirm that we

<sup>1</sup> Introductory Lecture delivered at the opening of the Albany Medical College, in the Anatomical Theatre, Jan. 2, 1839. By David Meredith Reese, A. M. M. D. Professor of the Theory and Practice of Physick, and Clinical medicine in said College. Published by request of the class, 8vo. pp. 44, Albany, 1839.

<sup>2</sup> See the Editor's Medical Student, p. 161. Philad. 1837.

have here found the happy medium, and that in Albany we are able to present a School of Medicine combining the advantages of both city and country colleges, without the drawbacks of either. Here we have a city, affording ample opportunities for public and private practice, which may be indefinitely extended, and whose name, as the capitol of this mighty empire, is every where and favorably known. And at the same time we are sufficiently remote from the gaudy and gorgeous allurements of vice and fashionable dissipation, which so abound in the larger commercial cities, on which account the population presents an entirely different character. Although corrupting influences doubtless exist, yet here they are not arrayed in splendid magnificence, nor are they thronged with the votaries of fashion, so as to lend a charm to vice, and offer impunity to crime, by a multitude so great as to conceal each other's deformity. Here is a population, whose general character for morality, good order and the decencies of life, can nowhere be exceeded, and one which is not sufficiently extensive to allow of concealment in a crowd. Here a young man will find himself universally known as a student of the college, and he may by good conduct secure personal associations which will serve to relax the tediousness of sedentary and studious habits. Self-respect will inspire motives, in such a community, to manliness, temperance and virtue, and to secure the favourable regards of that public, under whose eye he will ever find himself, because of the limited extent of the population, will be an incentive to duty and respectability."

The bent of all this is evident enough. The student must attend the Albany Medical College, because in a town of 30,000 inhabitants, his facilities for vicious indulgence cannot be as great as in one of 200,000 or 300,000! Quod est demonstrandum!

It has fallen to our lot to observe strange biases impressed upon the mind—sometimes of the same individual—by change of position:—"Cælum et animum mutat." One, whilst a resident in a town numbering 6 or 8000 persons, strongly argues that hospitals are of but little use as ordinarily attended by the medical student in the larger cities. The professor moves to a larger city, of 30,000 inhabitants, and then the advantages of hospital attendance become the themes of his laudation. Another resides for a time in a northern Institution, exerting all his energies to favour its onward progress, but subsequently changes his locality for one farther south, and now the rigours of a northern climate, with sundry reasons for encouraging southern Institutions, and fostering southern feelings, become topics for excited declamation. All this is unfortunate, and ought not to exist. Sentiments of the kind, if indulged, should not be expressed. They may be honestly entertained, but it is to be feared the impulse is too often communicated by more sordid considerations than attachment to the great cause of science; and whether such be the case or not, they are always liable to be suspected.

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#### *Walker on Intermarriage.<sup>1</sup>*

The author of this singular work has been known for some time by his various essays on anthropological subjects. He is not a mere chimerical

<sup>1</sup> Intermarriage: or the mode in which, and the causes why, Beauty, Health and Intellect result from certain unions, and deformity, disease and insanity from others; demonstrated by delineations of the structure and forms, and descriptions of the functions and capacities which each parent, in every pair, bestows on children, in conformity with certain natural laws, and by an account of corresponding effects in the breeding of animals. Illustrated by Drawings of parents and progeny. By Alexander Walker. Small 8vo. pp. 442. London, 1838.

speculist, but an attentive observer of the laws of Nature, and a sedulous explorer of their origin and manifestations. Part of what the present publication contains is referred to in the following extract from the dedication to the late Thomas Andrew Knight, Esq. the President of the Horticultural Society of London.

One of the newly discovered laws of nature, which are announced in the work, gives to man, for the first time, a precise rule for the guidance of intermarriage in his own race, and for that of breeding among animals.

According to that law, one parent gives to progeny the forehead and organs of sense, together with the nutritive organs contained within the trunk of the body; while the other parent gives the backhead and cerebel, or organ of the will, together with the locomotive organs composing the exterior of the trunk, and the whole of the limbs.

I had no sooner announced to you the laws, and brought before you a family clearly exemplifying its operation, than the vast experience and observation which has long placed you at the head of scientific breeders, enabled you to state to me a practical circumstance both as to man and animals, which at once corroborates every portion of the law.

You stated, that if, in woman, you were shown merely a face short and round, full in the region of the forehead, and having what are commonly called chubby cheeks, but contracted and fine in the nose and mouth, you would unhesitatingly predict the trunk to be wide and capacious, and the limbs to taper thence to their extremities; and so unfailing was this indication also in regard to inferior animals, that if, in adjudging a prize, there were brought before you an apparently well-fed animal of opposite form, or having a long and slender head, you would suspect it to be crammed for show, and, as such, should be disposed to reject it.

In this your vast experience discovered a practical fact, independent of all theory—a fact constituting an unerring guide in the most important decisions of husbandry—a fact of immense extent and bearing in its various relations.

Your ready prediction of the capacity of the trunk, from a view merely of the forehead and face—these anterior parts, is a proof of so much of the law as states, that with the form of the forehead and face goes that of the nutritive organs contained in the trunk, for to these its capacity is adapted.

Regarded, moreover, even thus far, it leaves it at least probable, that the remainder of the law is equally well founded, namely, that with the form of the backhead and cerebel, these posterior parts, goes that of the locomotive organs composing the rest of the body.

Your beautiful observation, however, does much more than render this remainder of the law a mere probability. I have shown in this work, that, with the dimensions of the backhead and cerebel, go those of the locomotive system, and consequently those of the more muscular and movable parts of the face, the mouth and nose. The shortness, fineness, therefore, of the mouth and nose, mentioned in your observation, being concomitant effects of the same cause with the tapering limbs, become as sure an indication, not merely of such limbs, but of the small backhead and cerebel, as the short and round face with full forehead, were of the wide and capacious trunk. Thus that observation confirms also the remainder of the law.—p. vi.

The facts and arguments brought forward by Mr. Walker are entitled to attention, and although we may not be prepared to admit with him the existence of the various laws which he supposes, still the result of his observations are interesting to every anthropologist.

The work is preceded by a commendatory letter to the author, by Dr. Birkbeck, than whom no one is better able to judge of the scientific relations of the subject.

*Lallemand on Involuntary Seminal Discharges.<sup>1</sup>*

The translation of this useful volume, by Dr. Wood, of Portland, Maine, will follow the work of Churchill in the "Library."

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 MISCELLANEOUS NOTICES.
 

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*Recovery of a New-Born Child, supposed still-born and actually buried*; communicated by PROFESSOR WAGNER.—A domestic in a village had designedly concealed her pregnancy, evading all questions addressed to her upon her appearance. She slept in a room with two other servants. One day pain came on, and she was compelled to quit work. When asked what was the matter, she said she had pain in the belly, which must proceed from a cold. She probably was deceived herself as to the actual presence of labour. In the night the pains increased; and toward morning, feeling a desire to go to stool, she rose and sat on a wooden tub. The child escaped from the uterus and fell into the tub. She did not see it distinctly, but remarked that it remained motionless and uttered no cry. The navel-string was probably torn in the delivery, and she did not tie it. Finding still that the child did not cry, she concluded that it was an untimely birth, and taking the tub out of the house, carried it some distance to a sand heap, emptied the contents, and covered them with sand and gravel about a foot in depth, pressing down the mass with her hand, lest the body should be found by the dogs. She then returned to the house, where the two maids were still asleep, but awoke on her entering. One of them, who had been disturbed by her movements during the night, now remarked the traces of blood upon the floor, and asked her some questions, to which she returned a petulant answer. Their suspicions were now awakened; they followed the trace of the blood, came to the heap, uncovered it and found the child, which, on exposure to the air, began to cry. It was conveyed back to the mother, (who, meanwhile, had been delivered of the placenta,) washed and laid on the bed. An hour afterward, the mother took her infant to a neighbouring village, where her own friends lived, and there the navel string was tied. These facts were substantiated subsequently on examination of the woman by a court of justice. If true, they form probably the only instance on record of fœtal life being maintained for so long a period after the separation of the placenta. Of the series of anomalies presented by this case, it is not the least remarkable that the cord could have remained so long untied, and yet no hemorrhage ensue.<sup>2</sup>

*Poisonous Exhalation from decaying Potatoes.* By DR. TROSCHEL, of Berlin.—A poor family had piled up their store of potatoes in their room under a wide bed, where they froze in the night through the intensity of the cold, but thawed in the day from the heat of the stove, and in this changing temperature soon spoiled. One day, the children were directed to cull out the rotten potatoes, and for this purpose turned up the heap with small sticks; soon after, five of the inmates of the room were seized with vertigo, headach, and vomiting. This was attributed to the heat of the fire; the windows were opened, and the patients recovered. Another day, however, the stove remained cold for want of fuel, and still the same accidents were renewed with the same intensity, as soon as the children resumed their occupation. The ventilation of the room, by opening the window, again

<sup>1</sup> Des Pertes Seminales Involontaires, par M. Lallemand, Professeur à la Faculté de Médecine de Montpellier, 8vo. pp. 312. Paris, 1836.

<sup>2</sup> Med. Zeit. v. Vereins f. Heilk. in Preuss. 1838, No. 3.

brought relief. Probably this poisoning of the air was owing to the carbonic acid gas which was extricated from the decaying mass. [?]<sup>1</sup>

*Hoarseness of Six Months' Duration.* By the court physician, DR. ZHUBER, of Saxenburg.—A well built man, 54 years of age, of apoplectic constitution and phlegmatic temperament, contracted a hoarseness in consequence of a chill supervening on perspiration. This, being without pain, he disregarded, until, at the end of fourteen days, it had increased to such a degree, that the patient could only speak in a low tone, and then with great effort. Resolutive measures were now resorted to, but without advantage. The patient sought aid from several physicians, followed the advice given with punctuality, but found no improvement. After going on in this manner for six months, he at length applied to Dr. Z. in September, 1832. To him he stated that he had formerly suffered from hepatitis, and had been compelled to resort repeatedly to the waters of Püllnaw. Dr. Z. found on the neck the marks of the leeches, blisters, &c. employed in the treatment, but could detect nothing within the throat, except a softening of the parts. He concluded, therefore, that the hoarseness was in part owing to a sympathetic affection of the larynx, consequent on the hepatic disease, and partly to relaxation of the chordæ vocales. In this view, he ordered one grain of calomel, with four of crab's eyes, to be taken morning and evening; and the surface of the neck to be irritated by aromatic ammoniated ointment. Under this treatment, the hoarseness began to yield on the sixth day, and disappeared wholly by the twelfth, so that the patient recovered his natural voice. Dr. Z. tried the same treatment with like success on a female patient, 42 years of age, whose voice had been lost for seven weeks.<sup>2</sup>

*On the Internal Employment of Nitre in Inflammatory Affections of the Chylopoietic and Uropoietic Viscera.* By DR. CAMERER, of Langenau.—Dr. C. finds, in opposition to high authority, that in inflammations of the stomach and alimentary canal, this substance may be administered not only without injury, but with the best effect, provided the precaution be taken to employ a solution of gum Arabic and similar demulcents, in order to sheathe the mucous surface from its irritant action.<sup>3</sup>

*Amaurosis suddenly induced and as suddenly removed.* By DR. OLLENROTH, of Bomberg.—A healthy, strong, corpulent woman, of about 30, had, during the presence of the catamenia, greatly heated herself in dancing, and then walked a mile homeward through the rain without sufficient protection from the weather. Immediately on entering the house, she felt severe head-ach and pressure upon the forehead, and remarked that the catamenia had ceased to flow; that she was perfectly blind of both eyes, and unable to distinguish light from darkness. Dr. O. examined the eyes about fourteen hours after. He found the pupils black and shining, and so much dilated that the brown iris appeared to have lost half its breadth. The pupils were insensible to the strongest light, and exhibited the true amaurotic mydriasis, but were neither angular, nor jagged in their contour, nor in any manner distorted. The sense of pressure upon the eyeball, the dull pain in the forehead and temples, the full and flushed countenance, and the sudden check of the menses under the circumstances above mentioned, together with the absence of any other proximate cause, betrayed the congestive character of this amaurosis. Convinced, therefore, of the nature of the malady, Dr. O. had the patient immediately bled in both arms, ordered twelve leeches to the neck, an equal number to the inside of the thighs, sinapisms between the shoulders and to the calves of the legs, and a strong foot-bath containing mustard and vinegar. The patient's head was kept

<sup>1</sup> Med. Zeit. v. Vereine f. Heilk. in Pr. 1838, No. 7.

<sup>2</sup> Med. Jahrb. des k. k. Oester. Staates. 22 Bd. 3 St.

<sup>3</sup> Med. Corres. Blatt. d. Würt. Arzt. Vereins, Bd. vii. N. 45.

constantly covered with cold fomentations; the compound infusion of senna, with nitre, given every two hours, and abundance of cold drinks administered. The symptoms yielded to this treatment as promptly as they had commenced. At the end of eight hours, the sight of the patient was fully restored, her pupils assumed their normal appearance, and became sensible to light. Even the dimness of sight which usually remains after the disappearance of amaurosis was not present—a circumstance due, no doubt, to the short duration of the disease, and its rapid removal. It is also worthy of remark, that the menses recommenced after one hour's employment of the remedies, and flowed regularly. The debility consequent on the depletion was of short duration, and required no treatment.<sup>1</sup>

*Treatment of Spermatorrhœa.* CASE I. A young man, æt. twenty-three, suffered both bodily and mental debility from involuntary discharge of semen every night. Antiphlogistic remedies, and subsequently tonics, were employed without any benefit. The extract of lettuce, prepared in the manner recommended by M. Caventou, was given in doses of from two to eight grains daily. The amelioration was rapid, and the patient was completely cured in a fortnight.

CASE II. A similar case was treated with like success with camphor, in the following formula:—Twenty grains of camphor dissolved in almond oil, and made into twenty pills, by means of gum arabic. One was taken every night, and every fourth day the dose was increased by one pill, until four pills were taken daily. The spermatorrhœa, which had existed during three years, and which had resisted various medicines, completely ceased in eight days after taking the above pills, which were continued eight days more, and the cure was complete.<sup>2</sup>

*A Statistical Enquiry on Fever, being an attempt to ascertain the prevalence, susceptibility, intensity, and prognosis, with some observations on the influence of Medical Treatment.* By ARTHUR SAUNDERS THOMSON, M. D. &c.—This is a very elaborate paper, and most creditable to the ingenuity and industry of the author. We can only find room for the "*Concluding Results*," which are as follows:

1. That the annual ratio of deaths from fever in London, have decreased since the commencement of the eighteenth century.
2. That the susceptibility to be attacked by fever is greatest among individuals under ten years of age, and from twenty to thirty.
3. That the period of life during which the highest ratio of mortality occurs from fever, is from forty to fifty.
4. That there is no very apparent difference in regard to one sex being more susceptible to fever than the other.
5. That the annual ratio of deaths by fever is nearly twice as great among the male as the female population.
6. That there is about one death for every fifteen persons attacked by fever.
7. That the intensity of fever increases with the age of the patient about thirty-four per cent. every decennial advance in life.
8. That attacks of fever are one-third more intense among males than females.
9. That fever is most prevalent from July to December, inclusive.
10. That the intensity of fever is much greater during January, February, March, April, and May, than at any other part of the year.
11. That during those months, fever is most prevalent, the temperature and quantity of rain is considerably greater than during those months fever is not so prevalent.
12. That, during those months fever is most intense, the temperature and quantity of rain is comparatively low.
13. That medical treatment has a powerful effect in lessening the danger or number of deaths from fever.
14. That early medical treatment shortens the duration of fever.
15. That the mean duration of fever among individuals under forty is shorter than among those above that period of life.
16. That the general prognosis of fever is favourable, there

<sup>1</sup> Med. Zeit. v. Vereine f. Heilk. in Pr. 1837, No. 52.

<sup>2</sup> Gazette des Hopitaux, No. 52, 1838. British and For. Med., Oct. 1838.

being fourteen chances to one that the patient will recover. 17. That the prognosis of fever becomes less favourable as the patient is advanced in life, the intensity of the disease being nearly twice as great at forty-one years of age as at twenty-one. 18. That the prognosis of fever is one-third more favourable among females than males. 19. That the prognosis of fever is more favourable from June to December than from January to June. 20. That the prognosis of fever is one-half more favourable among patients who come under medical treatment before the seventh day of the disease, than those who are admitted at a later period. 21. That the prognosis of fever is unfavourable when there are cerebral or thoracic complications. 22. That the second week of fever is the most dangerous. Out of a thousand cases passing through this week eighty-two died.<sup>1</sup>

*On the Efficacy of Pressure in certain Cases of Venereal Phagedænic Ulceration.* By HUGH CARMICHAEL, A. M., Member of the Royal College of Surgeons in Ireland.—[This is a valuable practical paper, and recommends a mode of treatment, in a most untractable affection, which we doubt not will be found frequently, if not generally, beneficial. Surgeons who have been in the habit of witnessing the excellent effects of pressure in cases of inflamed testicle, erysipelas, and ulcers of the legs, will have no difficulty in admitting the probability of advantage from the extension of the practice to phagedænic syphilitic ulcers. The following extract from Mr. Carmichael's paper, contains the general views of the author, and an account of the mode of applying the pressure: they are illustrated by the detail of four cases.—*Eds. Br. and For. Med. Rev.*]

Great irritability being one of the most prominent features of the disease, I was induced to imagine that pressure (an agency used with so much benefit in ill-conditioned, unmanageable ulcers generally, where morbid sensibility is a very leading character,) might probably, in these, be likewise adopted with some advantage: it was accordingly tried in a case that occurred to me of the most hopeless description, where all the varieties of treatment now generally employed, were resorted to without effect, the disease progressing, and rapidly destroying the part; and the success which attended it was so decided, that I have used it in several others, and with such benefit as to establish it, in my mind, as a method highly deserving of attention in these cases. The great obstacle I have experienced in its use, is the occasional difficulty of its application, so as to bring the diseased part decidedly under its influence: by a little dexterity, however, we may in most instances, succeed in doing so, the operation sometimes requiring more management than at others. The mode of affecting it, of course, will vary according to the part the ulcer to be compressed is situated on: when on the glands or body of the penis, strips of adhesive plaster are the means I have adopted, looped, by passing one of the tails through a slit in the other; the penis is then to be introduced into the loop, and, the ulcer being brought into its bearing, it may be tightened at pleasure; the tails are to be then firmly wound round the penis, and secured. When on other parts, as the forehead, or places similarly circumstanced, pressure may be more easily and decidedly commanded; while on others it may, perhaps, be more difficult to effect it; yet by management, I think, with very few exceptions, it can be accomplished in all. On some occasions, when the required pressure should be more decided, I have employed slips of sheet-lead, placed over any appropriate dressing, and included in the loop. This substance, from its pliant nature, admits of being easily moulded into any form, and can readily be shaped so as to produce effectual compression upon the ulcer. Indeed, I think that the beneficial effects to be derived from pressure, particularly in ulcers, is not so much from the degree of tightness with which it is used, as in the application of a solid, unyielding substance to the surface, probably thereby inducing the absorption and removal of such diseased surface; and, for the reason

<sup>1</sup> *Edinburgh Med. and Surg. Journal*, July 1, 1838. *Brit. and For. Med. Oct.* 1838.



just stated, sheet-lead I have found to answer best for that purpose. With respect to the time required for its continuance before its full effects were obtained, it was various: sometimes a few days changing the entire character of the ulcer, from an ill-conditioned, spreading sore, to one of a florid, healthy aspect, with contracting boundaries; while, on other occasions, it required a longer continuance; but in all the amendment was so evident after the second or third day, as decidedly to manifest its salutary influence, and give assurance of a favourable result. In some instances I have been enabled, by means of it alone, to perfect the healing of the ulcer, unaided by any other measures; while in others, (and these the greater number,) its phagedænic nature was only removed; a morbid diathesis still remaining, which appeared incapable of being overcome entirely without more active remedies. In these latter, I found mercury to serve all the purposes required; the phagedænic character being first subdued, the regenerated sore rapidly disappearing under its influence, when the system became engaged by it: indeed, it would seem as if its use were necessary in them to complete the cure. In the case in which I employed it, no other means were adopted, and in all it was successful,—I mean so far as subduing the phagedænic disposition: some, however, no doubt, may occur where it could not be used alone, or in the first instance; for example, if great inflammation were present, leeching, with a view to the subduing it, according to the suggestions of Mr. Richard Carmichael, who has advised local bleeding in these cases, would, I think, first be necessary; and other circumstances might also be attendant upon it, requiring appropriate remedies before submitting it to pressure: these, however, could only be regarded in the light of preparatory steps, previous to the employment of this latter measure, and which must be considered that whereby effectual benefit is to be obtained: perhaps there may be cases where it would be productive of no advantage, or altogether inadmissible.<sup>1</sup>

*On the Use of the Essential Oil of Turpentine in Diseases of the Eye.* By DR. A. TRINCHINETTI.—The author's experience induces him to place great confidence in the oil of turpentine in the slow and deep-seated inflammations of the eye, especially in those that do not yield to antiphlogistic measures. Cases are given, proving its utility in chronic inflammation of the iris or ciliary bodies, and in incipient gangrene of the cornea, all of these following the operation for cataract; in the chronic stage of rheumatic iritis, or even in the outset, if it be mild; in traumatic iritis, ulcers of the cornea, onyx and incipient glaucoma. The oil should be administered in emulsion, the dose varying from half a drachm to four drachms daily.<sup>2</sup> The phenomena generally following its use are, diminution or cessation of pain, a sense of general comfort, contraction of the vessels, with gradual disappearance of the inflammatory fulness and lachrymation; the easy dispersion of the matter effused into the anterior chamber, or between the lamellæ of the cornea. Occasionally a sensation of weight and burning in the stomach, especially after full doses, was felt, and in some rare cases was sufficiently troublesome to prevent the further administration of the drug. Instead of producing a purgative effect, it caused constipation; the urine became abundant, of violet odour, was passed without pain, and deposited a reddish sediment.<sup>3</sup>

*Memoir on Typhlo-Enteritis, or Inflammation and Perforative Ulceration of the Cæcum and Appendix Vermiformis.* By JOHN BURNE, M. D. Physician to the Westminster Hospital. (Read before the Royal Medical and Chirurgical Society, Nov. 27, 1833.)—The author of this paper laid a memoir on the same subject before the society in May, 1836, (vide vol. xx.

<sup>1</sup> Dublin Journal, Sept. 1838. British and For. Med., October, 1838.

<sup>2</sup> The best formula for its exhibition is that proposed by Mr. Carmichael in 1829.

<sup>3</sup> Giornale delle Scienze Med. Chir. No. 26, Agosto, 1836. British and For. Med. Oct. 1838.

"*Med. Chir. Trans.*")<sup>1</sup> to which latter the present might be considered a supplement. The author commenced his second memoir by some observations, anatomical and physiological, on the causes and the comparatively pretty frequent occurrence of tumphlo-enteritis. He was of opinion that the ordinary result of spontaneous inflammation of the cœcum was resolution, but that perforation of the intestine was a consequence to be looked for in most cases in which the inflammation depended on an irritating substance impacted in the appendix. The cure of tumphlo-enteritis, by resolution, was then illustrated by particulars of three cases, the author insisting strongly on the use of mercurials and saline aperients as the best remedies, in addition to local blood-letting. The history of perforative disease of the appendix especially was then entered on. The author first pointed out the great variety of local relation for which the appendix was remarkable, the organ varying much in its place of origin, in its length, in its position, and presenting, in consequence, much embarrassing variety in its apparent seat and symptoms. Four cases were then given of tumphlo-enteritis, arising from perforation of the appendix, of which three were verified by dissection. The author then made some remarks on the diagnosis between spontaneous tumphlo-enteritis and that occasioned by disease in the appendix, in which he held that, in the former, when the bowels were relieved, amendment usually followed; whereas, in the tumphlo-enteritis, from diseased appendix vermiciformis, no such benefit could be expected to follow purgation without the removal of the irritating substance. After, then, detailing a case of tumphlo-enteritis of the latter kind, the author made some observations on the literary history of the disease. The author, in the first place, stated, that he had in his former paper omitted, inadvertently, to make due acknowledgments to Dr. Copland, as an author, who had, in his Dictionary, given "extensive information on the diseases of the cœcum," and then proceeded to criticise the statements and opinions of several other previous writers, foreign and domestic, with a view to show that they had misapprehended the facts they had observed; viz. Dupuytren, Husson, Meniere, Dance, Louyer, Pouceau, and Villernay, in France, and Mr. Ferrall, in Ireland. The author then stated, summarily, his own views as to the causation of tumphlo-enteritis, viz. 1. Local accumulations in the cœcum. 2. Presence of worms, concretions, &c. 3. Previous chronic disease of the cœcum. 4. Perforation of the cœcum or appendix. The author then made further observations on the diagnosis of tumphlo-enteritis in general, and on its varieties in particular, and concluded his paper by a numerical analysis of twenty-one cases of tumphlo-enteritis that had fallen under his own observation. Of these eight died; nineteen were acute; eleven were simple inflammation of the cœcum, and all recovered. Two were chronic disease of the cœcum, and both fatal. Six were instances of perforation of the appendix, of which five were fatal. One was perforation of the cœcum from within, and recovered; one was inflammation of the appendix, with peritonitis, and was fatal. Sixteen were males; two were under ten, and three over fifty, and the rest distributed over the intervening years. Six were gentlemen, the others of the labouring class; most occurred in autumn and the beginning of winter.

Dr. Bright said, that the disease described in the paper was by no means an uncommon one. Within the last month he had seen two cases in which it occurred; in one of these patients, who died of inflammation and abscess of the liver, disease of the cœcum was not even suspected. On examination an abscess was found, arising from perforation of the appendix vermiciformis, which, with the exception of about a quarter of an inch, was contained in the abscess. In the other case an abscess had formed about the head of the cœcum, which, bursting, had produced general peritoneal inflammation, from some of the contents escaping into the peritoneum. In this case there was a tumour during life, in the region of the cœcum. Such cases were by no means unfrequent.

<sup>1</sup> See the last volume of the "*Library*."—*Ed.*

Dr. Burne had, since the paper which had been read was sent to the society, seen a case in which the appendix vermiformis was situated in the pelvis, the first case of the kind he had ever seen. In this instance there was abdominal inflammation with obstruction. Pain was referred to the region of the navel, and underneath this was a hardness; these symptoms were relieved, but occurred again, and the patient perished. It was supposed here that the peritoneum was perforated. Ulceration of the ileum was detected at the exact point to which the pain, during life, had been referred. Nothing was observable in the colon; the appendix was found disorganised and hanging into the pelvis, all the contents of which were inflamed. The situation of the appendix vermiformis varied so much in different individuals, that the pain, when this organ was diseased, would, of course, be so differently located, that it was difficult, sometimes, to conjecture that the cæcum was diseased. Cases of cæcal disease were very common; they would be found much more constantly than they were at present, if attention was more particularly directed to them.<sup>1</sup>

*Perforation of the Umbilicus by Worms.* By DR. BRENNER, Knight of Felsach, in Upper Austria.—A scrofulous child, three years of age, had for some time exhibited all the signs of worms. At length the abdomen became tumid and painful on motion, and the enlarged glands could easily be felt. In view of the inflammatory symptoms, Dr. B. ordered leeches, emollient cataplasms, and baths, and afterward calomel, which appeared to cause rejection of the worms and some alleviation of the symptoms. After some days the sensibility of the abdomen returned, the navel protruded, and at length burst. From the opening, which was of the size of a quill, were discharged feces and some round worms. Under the action of medicine still more were ejected through the same channel. Dr. K. directed fomentations of bran for some weeks, on which the opening closed, and the child recovered.<sup>2</sup>

*Medical College of the State of South Carolina.*—The printed catalogue informs us, that there are attending lectures in this institution 151 students: of whom 126 are from South Carolina; 9 from Georgia; 6 from North Carolina; 5 from Alabama; 3 from Florida; 1 from Louisiana; and 1 from Havana.

#### BOOKS RECEIVED.

*From the Author.*—Annual Address to the College of Physicians and Surgeons of Lexington, in which the Principles and Practice of Medical Ethics are illustrated and urged as essential to the welfare of the Profession; delivered in the Medical Hall, Jan. 1, 1839. By Thomas D. Mitchell, M. D., Professor of Materia Medica and Therapeutics in the Medical Department of Transylvania University, President of the College of Physicians and Surgeons, &c. Published by request of the College and the Medical Class. 8vo. pp. 32. Lexington, Ky. 1839.

*From the Author.*—A History of the New York Kappa Lambda Conspiracy. (Tempus omnia revelat). 8vo. pp. 32. New York, 1839.

*From the Publishers.*—The Principles of Diagnosis. By Marshall Hall, M. D., F. R. S. L. and E. &c. Second American Edition, with Notes; by John A. Swett, M. D. 8vo. pp. 458. New York, 1839.

*From Prof. Frost.*—Introductory Lecture, delivered at the opening of the Medical College of the State of S. C., Nov. 12, 1838. By Professor S. H. Dickson, M. D. Published by the Class. 8vo. pp. 20. Charleston, 1838.

*From the same.*—Catalogue of the Students attending Lectures in the Medical College of the State of South Carolina, session 1838-39. 8vo. pp. 8. Charleston, 1839.

<sup>1</sup> Lancet, Dec. 8, p. 416.

<sup>2</sup> Med. Jahr. des k. k. Osterr. Staat. B. xxii. S. 1.

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# AMERICAN MEDICAL INTELLIGENCER.

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## ART. I.—ON THE USE OF THE PHYTOLACCA DECANDRA IN SYPHILIS.

BY RICHARD CLARKE, M. D., OF UNION TOWN, SOUTH ALABAMA.

Union Town, South Alabama, 3d Feb. 1839.

Dear Sir,—I take the liberty to communicate to you some remarks on the employment of the *Phytolacca Decandra* in the treatment of syphilis. Seeing that the alterative properties of this article of the *Materia Medica* are very lightly spoken of by writers, I was not inclined to repose much confidence in the statements of others respecting its virtues as a remedy in the disease above alluded to. Wood and Bache, in their *U. S. Dispensatory*, observe, "that in small doses it—the *Phytolacca*—acts as an alterative, and has been highly recommended in chronic rheumatism." The *Eclectic Dispensatory* seems to regard it pretty much in the same light. Tognoli and Durand of your city, in their edition of Edwards and Vavasseur's *Manual of Materia Medica*, say, "in the form of decoction, tincture or extract, it has obtained some reputation in the treatment of rheumatic affections, and especially in syphilitic rheumatism, or in cases of scrofula." From the manner in which this article is mentioned, I do not think it sufficiently recommended to warrant physicians in the use of it. But from statements recently made to me by gentlemen of respectability and standing in society, who have had ample opportunity to test its remedial virtues in their own persons, I was induced to pay some attention to it, and to watch its effects more narrowly in those cases that came under my observation, and I have no hesitation in saying, that it is the most safe and speedily efficacious remedy I have ever met with in the treatment of syphilis. In many cases that have resisted the usual methods, whether on the mercurial or non-mercurial plan, the *Phytolacca* has succeeded in eradicating all traces of the disease, without any perceivable bad consequences. So far as my observation and experience extend, I am not aware of a single case, in numbers that have been treated with this remedy, in which secondary symptoms have supervened; indeed, I am firmly persuaded, that when the remedy is resorted to in the incipency of the disease, no secondary symptoms will occur. If this fact can be established, of which I have no doubt, the use of the *Phytolacca* is certainly greatly preferable to that of mercury, so much in vogue, and to which may be referred the very symptoms of which we are so apprehensive, and from which such serious consequences result.

The mode of preparing it, adopted by those who have experienced benefit from its employment, is this: Take of the root about one peck; to which add one gallon of water, and boil down to one half. The decoction is then set aside till it cools, and of this a wine-glassful is taken. It might be supposed, that the quantity taken would induce emesis; but in no instance have I learned that this was the case. The patients state, that it "affects them" over, producing a tingling sensation in the hands and feet, which soon

wears off, leaving the system in rather a languid condition, more agreeable than otherwise." My own experience in the use of this remedy is necessarily limited, from my location in an inland town: as far, however, as it has gone, I think it merits consideration. From your position as attending physician in an establishment, so well adapted for the reception of the afflicted, as the Philadelphia Hospital (Blockley), you have it in your power to give the Phytolacca a fair and ample trial. I sincerely hope that these imperfect remarks may induce you to investigate its claims, and that you will communicate the results at your leisure. In the interim, I will procure a history of the cases that have occurred in my neighbourhood, in which this remedy has been used, and transmit it at the earliest opportunity for your inspection. Very respectfully, your obed't serv't.

RICH'D. CLARKE,,M. D.

TO PROFESSOR DUNGLISON.

## ART. II.—CASES OF ERYSIPELAS, WITH CLINICAL REMARKS.

BY DR. ANTHONY TODD THOMSON.<sup>1</sup>

(Delivered at the University College Hospital, January, 1839.)

*Exciting causes of erysipelas.—Cases of erysipelas from external injury, from contagion, and from mental distress.—Opinions of the lecturer respecting the real nature of the disease.—Complications which occur in erysipelas.—The treatment of the disease by bleeding; by calomel, and tartar emetic; by cinchona and diaphoretics.—Local applications of nitrate of silver.*

The numerous cases of erysipelas, which have lately been brought into this hospital, induce me to lay before you my opinions on the nature and treatment of some of them. It is a curious fact, that three of those cases still in the hospital, are distinct instances of three of the exciting causes of erysipelas, namely, external injury, contagion, and mental uneasiness; the others could not be traced to any particular exciting cause, and probably depended on gastric irritation supervening an hysterical condition of the habit, as they all occurred in females. It is to the first three mentioned cases that I am chiefly desirous of directing your attention.

The first of these cases is that of Harriet Lewis, a woman twenty-eight years of age, who was admitted into No. 5 Ward, on the 25th of November last. The erysipelas supervened the opening of an abscess on the outer side of the left foot, which, although painful, did not prevent her from walking. About a week after this abscess was opened, she walked a considerable distance and got wet, and the catamenia, which were present at the time, stopped. Three days afterwards, symptoms of fever appeared, attended with severe headach, and tenderness of the whole surface of the body; and, on the following day, erysipelas attacked the affected foot, whence it gradually extended to the middle of the thigh, producing œdematous swelling of the knee, previous to her admission into the hospital. On the day of admission, the redness and swelling had extended to within an inch of the perineum; the limb was much swelled; the redness intense, and the heat great. The countenance was anxious; the pulse hard, quick, and incompressible; the tongue white, with a dark-brown streak in the back part, and the margin red; the bowels were relaxed, and the urine was scanty. The limb was ordered to be freely scarified and fomented with hot water. The scarifications bled freely, but little improvement followed. She took six grains of mercury with chalk every third hour, and the sound part of the limb, an inch above the inflamed portion, was pencilled with nitrate of silver, to prevent the extension, upwards, of the erysipelas. This object, however,

<sup>1</sup> Lancet, Jan. 26, 1839.

failed; consequently on the following day, I ordered the whole of the affected surface to be painted with a solution consisting of half a drachm of the nitrate in one ounce of distilled water. On the 28th she was bled to the extent of sixteen ounces, and took four grains of the compound powder of ipecacuanha, with a common saline mixture, every third hour. The blood was much buffed. On the 30th the ipecacuanha was discontinued, and, instead of it, I prescribed a pill containing one grain of calomel and half a grain of tartar emetic, to be taken once in six hours; and a mixture containing carbonate of potash and nitrate of potassa, between each dose of the pills. On the 1st of December, as she was much purged, the pills were omitted; and as her strength was much reduced, she was directed to take an ounce and a half of the infusion of cusparia, and half a drachm of the compound tincture of camphor, every fourth hour; and a saturnine lotion was applied to the limb. On the 3rd, the swelling and inflammation were reduced; the pulse was soft, regular, and 84, and the tongue moist; but the bowels being torpid, she took a dose of castor oil, and after its operation, commenced the use of two grains of the disulphate of quina, in an ounce and a half of the infusion of bark, with seven minims of dilute hydrochloric acid, every fourth hour. She was allowed six ounces of wine daily. On the 6th, as the head was much affected, a blister was applied to the nape of the neck, which relieved the head. On the 10th, although she was improving, yet, being restless at night, she took at bed-time half a grain of hydrochlorate of morphia, in an ounce and a half of camphor mixture; whilst the wine and the application of the solution of the nitrate of silver, to the extending inflamed surfaces, were continued. The inflammation had spread to the loins, covered both nates, and was travelling downwards in the opposite leg. On the 16th, pus having formed in the subcutaneous tissue of the leg first affected, the skin yielded, and gave vent to a copious discharge of pus, whilst a sloughing sore appeared on the left nates, on which she lay. The general health, however, seemed much improved by the free exit of the pus; but as diarrhoea had again supervened, she was ordered to discontinue the use of the disulphate of quina, and to substitute for it a mixture consisting of ten grains of biborate of soda, one drachm of tincture of catechu, and an ounce and a half of infusion of cinchona, every third hour; and to take, at bed-time, a pill containing a grain of calomel, and the same quantity of opium. The wine was continued. Although from this time she gradually increased in strength, yet abscesses and sloughing sores appeared in various parts of the body. The erysipelas also showed itself, but for a day only, in the right breast, whilst it continued to extend, in a mild form, to the right foot. Little variation has since taken place, to the present time. The sloughing ulcers on the nates look cleaner, and those on the legs are cicatrising, but the strength is greatly reduced, the nights are restless, and there is much hazard of the system being worn down by irritative fever, and of the case terminating fatally.

The second case, which was apparently the result of contagion, is that of Isabella Sedgwick, a girl sixteen years of age, in No. 5 Ward, also, who had been in the hospital since the 18th of September, with severe and long-standing porrigo *favosa* of the greater part of the scalp. She was getting well when Lewis was admitted. She was attacked with erysipelas on the 9th of December. The disease made its appearance in the right side of the face, extending to the right ear; both parts were greatly swelled, and covered with large vesications. The tongue was furred, dry, and harsh; the pulse hard; the skin hot; and the bowels were rather torpid. The affected parts were ordered to be painted with a solution of nitrate of silver, containing ten grains to the ounce of distilled water, and she was ordered to take a pill containing one grain of calomel, and three grains of true James's powder, every eighth hour; and, in the intervals, the following mixture: four scruples of carbonate of potash, six ounces of infusion of cinchona, and one drachm of tincture of hyoscyamus; the fourth part to be taken every four

hours in a state of effervescence, with a table-spoonful of solution of citric acid. On the 21st the eruption spread over the head; and the parts which had been affected with porrigo became greatly swelled and puffy. Several long incisions were made over the right ear; they bled freely, and afforded her much relief. On the 24th the mouth became affected by the mercurial, and the erysipelatous swellings rapidly subsided. On the 7th of this month every trace of the disease had disappeared.

The last case is mentioned merely to notice the exciting cause of the erysipelas, which, in this instance, also, attacked the head. The girl, whose name is Elizabeth Wells, was admitted with hysteria, and was rapidly progressing to health, when she received an unkind letter from her father. The injurious influence of the depression of mind, occasioned by this letter, was most striking, and next morning the head was attacked with erysipelas. She was treated nearly in the same manner as Sedgwick, and is now nearly well. These, and several other cases of erysipelas, upon the details of which it is unnecessary to enter, are instructive in displaying the occasional causes of the disease, and also its influence, not only upon the tissues affected with the eruption, but upon the general system. I mention this, gentlemen, to put you in possession of my opinion, that erysipelas is not to be regarded as a simple inflammatory affection; but that, like the exanthemata, the state of the skin is symptomatic of the fever. It has been said, that the degree of fever is always in the ratio of the cutaneous affection; but this remark requires more minute observation than has hitherto been given to the subject, for its confirmation. The local symptoms are often acute when the powers of the system are feeble: and the fever assuming the typhoid type, is no proof that the latter depends upon the former: for we find erysipelas of an acute form occurring in the most enfeebled and worn-out habits. The erratic character of the disease was well displayed in Lewis's case, in whom it spread from the left foot upwards to the loins, then crossed to the opposite side, and extended downwards to the right foot; at the same time a detached spot appeared upon the mamma. The disease, in this case, was evidently that species which has been termed *phlegmonous*, which commonly produces suppuration of the subcutaneous tissues. I am of opinion, that all the species of erysipelas mentioned by nosologists differ only in degree, and depend solely upon the condition of the habit of the patient at the time of the attack. In Sedgwick's case, the left ear became affected by the eruption spreading from the face: both helix and antihelix were swelled to a great degree, and covered with vesicles; the diameter of the meatus was consequently diminished, and a thin, dirty-looking fluid was discharged from it, most probably the result of the excitement of the secreting glands. As usual, this condition of the left gradually extended to the right ear. I have never seen permanent deafness result from this affection of the meatus. Of the earlier cases, to which I have not adverted, namely, that of Eli Wilson, which was admitted on the 2d of October last, and died on the 4th of the same month, was accompanied by that affection of the throat which is sometimes, although rarely, present in erysipelas. The examination of the body displayed the cellular tissue of the neck infiltrated with serum and pus, and the tongue denuded of the epithelium near the root. On each side of the larynx, near the false vocal chords, there was an abscess, whilst the whole of the mucous membrane of the larynx and epiglottis was swelled and highly vascular; the rima glottidis was quite pervious.

In reference to the condition of the digestive organs—you must bear in remembrance that the appearance of the tongue is not always indicative of the condition of the alimentary canal. In Lewis's case, it is true, the tongue was brown when the diarrhoea commenced, but as soon as the sensorium was relieved, it became clean, although the diarrhoea continued. In Sedgwick's case, the attack commenced with pain and throbbing of the head, with considerable cerebral disturbance; the tongue was brown in the centre, particularly at the tip; but as soon as the stupor, delirium, and other symptoms indi-

ing the brain to be affected, abated, it improved and became clean, immediately after the habit was brought under the mercurial influence.

This connection of the condition of the tongue with that of the brain, is not, however, peculiar to erysipelas; it occurs in almost every case of continued fever, attended with typhoid symptoms. In Eliza Wilson, the tongue, as I have already remarked, was much swollen, and the bowels were costive, whilst the delirium, that of the low muttering kind, was considerable.

The respiratory organs and the heart are also occasionally affected in erysipelas. In one case, that of Susan Knight, who was admitted on the 27th of September last, and rapidly recovered, there was pain at the region of the heart, and a bellows-sound. The *after-death* examination of Eliza Wilson, also displayed that the heart had suffered severely. The endocard of the left ventricle was opaque to some extent below the aorta, and was covered with a false membrane, which readily peeled off, leaving the serous covering on the muscular tissue. A similar membrane covered the aortic valves. In Lewis's case, the pulse was at first firm and incompressible, but as the disease advanced it became irregular and intermittent. I believe that experience has completely established the fact, that erysipelas is contagious, but whether the assertion of Willan, that the lymph in the vesications, when introduced by inoculation, into the system of a person otherwise healthy, will produce the disease, I have had no opportunity of ascertaining.

With regard to the diagnosis of erysipelas, among other diseases with which erysipelas may be confounded, is *eczema mercuriale*; but in this disease the surface of the body is more generally affected than in erysipelas, and the vesicles, which are very minute, do not appear until after desquamation. The eruption in erythema is a simple redness, an efflorescence devoid of swelling and vesication, and is seldom attended with fever. From roseola erysipelas can with difficulty be distinguished in its early stage. In roseola, however, the eruption first displays itself, at the same time, at all the extreme points of the body, namely, the fingers, toes, the tip of the nose, the nipples, and passes on to the trunk of the body. There is no difficulty in distinguishing erysipelas, after it is fully formed, from all other eruptions, by the uniform swelling, the burning pain, the erratic tendency of the eruption, the vesications; and, in the phlegmonous variety of the disease, by the suppuration and sloughing of the cellular tissue. In reflecting upon the treatment pursued in the cases which you have seen in this hospital, you will perceive that it has been less antiphlogistic than is usual, even setting age, temperament, and constitution altogether aside. The type of the fever and its degree have been the chief guides in this respect, without much reference to the intensity of the erysipelatous inflammation of the surface. In simple erysipelas, little is required except rest, mild aperients, and a cooling diet; but in the phlegmonous variety of the disease, blood-letting has generally been thought to be indispensable; and if the face and head be the parts chiefly affected, the bleedings, we are told, should be copious and repeated; and, at the same time, local abstractions of blood should be obtained by scarifications of the affected parts. It is true that this active depleting practice is usually confined to the early stage of the disease; but I am of opinion that there is no necessity for the repeated use of the lancet; and in no disease does it become more imperative to husband the strength of the patient than in erysipelas. In one only of the cases before us, was venesection employed. Besides scarifying the affected limb freely, Lewis was bled, to the extent of sixteen ounces, on the third day of her admission. The blood was much buffed, and, on the following day, the pulse continued firm, incompressible, and 120. She was not, however, bled again, as I am more disposed to trust to the influence of calomel and tartar emetic, than to the lancet, for reducing excitement in this disease. One grain of calomel and half a grain of tartar emetic, were ordered to be given every sixth hour; and a mixture of ten grains of nitrate of potassa, ten grains of the carbonate of



potassa, and two ounces of camphor mixture, to be taken in the intervals; but, as the antimonial purged the patient, this plan could not be continued.

With regard to the general employment of the lancet in erysipelas, notwithstanding its success in the hands of some eminent practitioners, I am not disposed to recommend it to you, unless the habit of the patient display such a phlogistic diathesis as would authorise repeated venesection in any other inflammatory affection. In this hospital, numerous instances have presented themselves, to demonstrate the superior advantage of following a single bleeding with calomel and tartar emetic, to the repeated use of the lancet. Tartar emetic, administered alone, has not produced those beneficial effects in erysipelas, which follows its employment after bleeding in pulmonary affections; and, when it is administered in large doses, it has proved rather hurtful than beneficial; whilst, in small doses, in combination with calomel, when the bowels are not in a very irritable condition, it aids greatly the action of the calomel in diminishing the inflammatory symptoms. These opposite effects of tartar emetic, in large and in small doses; and when administered alone, and combined with calomel, are readily understood, if the view of the action of tartar emetic which I have frequently presented to you in this place, be admitted—namely, that in large doses it is not absorbed, but acts upon the mucous membrane as a counter-irritant. If this opinion be correct, it is evident that, as the sympathy between the mucous membrane and the skin is considerable, erythematic inflammation set up in the former would not be likely to benefit an erysipelatous condition of the latter. In confirmation of this opinion, I may quote the observation of Broussais, that besides the pulmonary and cerebral congestion which erysipelas of the head and face in particular induces, it also “causes very intense *gastro-enterite*.” How far a repetition of the venesection would have checked the progress of the disease in Lewis’s case, I shall not pretend to say, but I was restrained from resorting to it, owing to the great debility which was present. On the fourth day afterwards, also, the inflammation was much reduced, and no vesications remained, although the eruption continued to extend, as I have already stated. Another reason for not repeating the venesection, was the extremely irritable state of the surface which supervened, accompanied by much tremulousness of the tongue, when it was protruded. In the treatment of erysipelas of the head, many practitioners employ the cinchona bark after the use of purgatives and diaphoretics. Others, again, prescribe the bark only when the gangrenous form of the disease is present. Having early adopted the use of the cinchona bark, whether gangrenous symptoms were or were not present, if the head was affected with erysipelas *œdematodes*, without probably reflecting upon the reasons for its employment, I have continued it ever since, and I have had much cause to be satisfied with its effects. I have, however, for some years past, conjoined the bark with mercurials; and in almost every case, as soon as the mouth has become sensibly affected, the symptoms have rapidly yielded. I was induced to adopt this practice from having seen the powerful influence of mercurials in arresting the symptoms of typhus; and also from having witnessed its influence in giving energy to the cinchona bark and its salts, in the treatment of intermittents. In Sedgwick’s case, the influence of the mercurial action was strikingly demonstrated; as soon as the mouth became tender, the improvement was almost immediate.

Although we have no other means of judging of the constitutional influence of the calomel than by the sensibility of the gums, yet it is by no means necessary to carry the mercurial action to the extent of salivation. The intervals between the doses should be lengthened, or the dose itself diminished. When this caution is neglected, the stomach and bowels become deranged, and the improvement, instead of advancing, is arrested, if bad symptoms do not supervene.

With respect to topical applications, you will find none so serviceable as the solution of the nitrate of silver, in the proportions already stated, when it

is painted over the inflamed surface. It rapidly allays the superficial inflammation, whilst its influence, extending generally to the capillaries, restores their normal action; and, if any thing can prevent suppuration of the sub-cutaneous cellular tissue, the nitrate thus used is most likely to effect so desirable an object.

### ART. III.—NEW VACCINE VIRUS.

[The Vaccine Virus referred to in the following letter, with which we have been politely favoured by DR. PUTNAM, has been used by Dr. Bridges, of this city, and has produced very characteristic and satisfactory vesicles. —ED.]

Boston, January 22, 1839.

Dear Sir,—It is stated in the last number of your "Intelligencer," that your supply of the Bristol vaccine matter had nearly failed. Mr. Estlin sent some of the same to Dr. James Jackson, and I vaccinated several children with it. It succeeded, however, in one case only, and in that there was but one vesicle; but I thought it better to take matter from it, and vaccinate the child at a future time.

This child, æt. four months, was vaccinated Dec. 14th, 1838. On the fourth day, there formed a distinct, circular vesicle, half a line in diameter, very firm and clear. 7th day, vesicle a line and a half in diameter,—areola just commencing. 8th day, areola distinct. 10th, areola eight lines in diameter; considerable tumefaction. 12th, areola fading; vesicle three lines in diameter—straw colour. 13th, vesicle turning brown; areola nearly gone. Constitutional symptoms well marked.

I took matter from this child on the 7th day, and great numbers have been vaccinated with it. That which I send you is from one of that set; i. e. it is the third remove from the Bristol.

I might give you details of the progress of many cases that were closely watched by myself and others, but it is perhaps sufficient to say, that the disease has perfectly completed its regular stages. The constitutional symptoms have been well marked. In some cases, during the second or third week, there has been an eruption, sometimes papular, sometimes slightly vesicular; the areolæ well formed. The scabs have fallen off from the 20th to the 25th day.

I have been informed that, in some cases, where the *new* has been inserted in the same arm, at the same time with the *old*, the vesicles could not be distinguished.

The *new* matter has been already sufficiently tried to make it certain that it will produce the genuine vaccine disease; but whether it will prove to be a better protection, time, as you observed, alone can show.

Respectfully yours,

CHAS. G. PUTNAM.

DR. DUNGLISON.

### ART. IV.—NITRATE OF SILVER IN PURULENT OPHTHALMIA.<sup>1</sup>

BY HENRY OBRÉ, M. R. C. S. L., &c.

(North London School of Medicine, January 11, 1839.)

Mary H., æt. one month, two days after birth was observed to have a discharge from both eyes, for which a lotion had been constantly applied, by order of a medical man, but with no benefit; the discharge is now (Dec. 22)

<sup>1</sup> Lancet, Jan. 26, 1839.

of a thick purulent character, and very profuse; the lids are much swollen; the child has not opened the eyes for the last fortnight; they were ordered to be syringed with warm water every hour or half-hour; the *black ointment*, made with *nitrate of silver*, gr. xij.; *lead lotion*, gtt. x.; and *lard*, 3j.; to be applied to both eyes; and *castor oil*, 3ss.; to be taken directly. 23d. The discharge very much lessened, the cornea cannot be seen distinctly, but appears clear; the syringing and ointment to be repeated. 24th. Discharge decreasing. Cont. remed. 25th. Discharge has not appeared since yesterday; the eyes are quite open, and the cornea quite clear from nebula or ulceration. Nitrate of silver lotion in the proportion of ten grains to the ounce of water, to be dropped into the eyes. 26th. Discharged quite cured.

John W., aged 22, has had gonorrhœa for the last three months, for which he has received medical treatment; on the 16th of October he was attacked by inflammation of the left eye; he is not aware of having applied the discharge from the urethra to the eye; on the 20th I first saw him, the conjunctivæ much inflamed and chemosed, of a pale red colour, discharging a large quantity of purulent matter; the cheek much excoriated from the discharge; the eye was well washed with warm water, and the black ointment applied. An emetic of *mag. sulph.*, 3ss.; *ant. tartratis*, gr. ij.; to be taken at bed-time. 21st. Eye much improved, discharge less, can bear a little light; the same treatment was continued daily, until the 26th, when he was quite well.

My purpose to bring the above cases forward is not with the object of recommending a new remedy, for I may almost say the certain cure of a disease which, if allowed to run its course even for a few hours in some cases, will terminate in the total destruction of the eye; but with a wish to make a treatment which was brought forward many years ago by Mr. Guthrie more generally known. Surgeons have objected to the use of the black ointment in purulent or gonorrhœal ophthalmia for two reasons: one, because it produces pain when applied to the inflamed conjunctivæ; the other, that they see no use in using a violent remedy when the disease may be checked by milder ones, and at the same time stating that they can wait a few days, and should the alum lotion and other such mild applications fail, they may have recourse to the severe. Now, these are two most absurd objections for trifling with the future happiness of any individual. In the first place, is it not better to put a stop to disease at once, with a little pain, than allow it to linger on and terminate no one knows how? They might as well say that pain should not be produced by the knife in a case of strangulated hernia in which the pain has ceased from mortification. As for the second objection, they will not use ointment until the disease has existed some time. Now, every one knows, who has seen much ophthalmic practice, that purulent matter when allowed to remain in contact with the cornea, even a few hours, will produce the most severe disasters, sloughing, not only of the cornea, but the whole structure of the organ; it is not supposed that any remedy will cure the disease at this crisis, but the remedy should be applied in time to prevent those dreadful terminations. I remember some time since a surgeon in the country, after using lotions and blowing calomel into an eye affected with this disease for days ineffectually, stated that he was afraid to use Mr. Guthrie's ointment, because it produced such pain. If purulent ophthalmia be properly taken care of from the very commencement, and the eyes syringed with mild stimulants every quarter of an hour, I have no doubt but that the disease will be subdued; but how seldom do we find that the class of persons whose children are afflicted, will take due care? If they make an attempt, how few mothers, particularly of the lower orders, will open the child's palpebra and remove every particle of the poison? I have repeatedly stood by, and desired them to cleanse the infant's eye, when they have applied the remedy externally instead of internally. Of course the nitrate of silver ointment, like all other remedies, must occasionally fail, but I may safely say that nineteen of every twenty

is painted over the inflamed surface. It rapidly allays the superficial inflammation, whilst its influence, extending generally to the capillaries, restores their normal action; and, if any thing can prevent suppuration of the sub-cutaneous cellular tissue, the nitrate thus used is most likely to effect so desirable an object.

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*Report of the State Lunatic Asylum at Worcester, Massachusetts.<sup>1</sup>*

This is another of those admirable reports, for the professional information contained in which we are indebted to Dr. Woodward, the intelligent Medical superintendent.

After explaining the tables given in the report, with the ratio of recoveries, &c., Dr. Woodward makes the following appropriate remarks on a subject not less interesting than that of the management of those who are curable. One great advantage, indeed, of a State Lunatic asylum like that at Worcester—which we trust Pennsylvania will soon possess by the enlightened action of her legislature—is to ameliorate the condition of those unfortunates whose recovery is nearly, if not wholly, hopeless.

"Much," says Dr. Woodward, "has been said on the tables of the per cent. of recovery and improvement, and the number and condition of the patients admitted; but there is one benefit derived from the hospital which cannot be estimated in figures or presented in tables of per cent., which is equal to any other that can be contemplated or named. I refer to the improvement in the condition and comfort of the great number of hopeless and incurable insane that have come into its wards, for the amelioration of whose state, and the preservation of the community from danger, the institution was principally designed.

"In the abstract of our records at the commencement of this report, the term 'not improved,' is often used. This relates to insanity alone, for in every other respect the condition of a large proportion of the inmates of the hospital is greatly improved. The furious and violent have become quiet and docile; the filthy and degraded have become cleanly and respectful; and the circumstances in which they are now situated, contrasted with the condition of suffering and wretchedness in which they formerly were, will be found to exhibit great improvement and decided benefit.

"While this paragraph is being written, with every room in this large establishment occupied, amounting in number to more than *two hundred and thirty* patients, but *one* individual, either man or woman, in our wards, has upon his or her person, any restraint whatever; five only are in strong rooms in consequence of violence; the remainder of the strong rooms are occupied by imbeciles and idiots, because we have no other place for them to occupy.

"Of this number of insane persons, a very great proportion of whom were sent into the hospital "furiously mad and dangerous to go at large," *two hundred and twenty* at least sit at the table at their meals, use knives, forks, and crockery like other boarders, and generally conduct themselves with decorum and propriety. At night, each has his bed, consisting of a good hair mattress, a straw bed, pillow of hair or feathers, and covering of blankets, comforters and quilts, a bedstead, &c., as comfortable in all respects as lodgers in a private family generally are. It is rare that these privileges are abused; no injury has ever been done with knives and forks, comparatively little crockery has been broken, and the beds have been preserved neat and comfortable, with very few exceptions.

"Many of these individuals engage in labour and unite in amusements, thus occupying their time profitably and pleasantly, so that few manifest any particular solicitude to leave or make any effort to escape.

"During the past year, we have relaxed the rigour of confinement, and, in a great number of cases, suffered our patients to go into the garden or workshops to labour, or into the fields and village for exercise and recreation, indulging them in long walks, on a pledge of punctual return, without any attendance or supervision; and we have seen the most decided benefit from

<sup>1</sup> Sixth annual Report of the Trustees of the State Lunatic Asylum at Worcester Dec. 1838. 8vo. pp. 88. Boston, 1839.

these indulgences. At least *eighty* patients have thus gone unrestrained during the past season, spending day after day, and week after week, in this independent manner, and no one has escaped, or, apparently, wished to leave the hospital till regularly and honourably discharged. Not less than an equal number have laboured more or less, or taken long walks and rides, so slightly attended, as, in innumerable instances, to admit of easy escape, with equal safety and advantage: the attendants, in such cases, being considered by them as guides and directors, rather than as task-masters and watchmen. Another class of patients, whose violence or discontent precluded these indulgences, have laboured almost daily under the eye of a skilful and vigilant attendant, and have been made more healthy and happier by the exercise thus afforded them. Besides these indulgences without the walls of the hospital, the verandahs afford delightful opportunities of exercise and airing, amusements and labour, particularly to the females, which contributed greatly to their comfort and happiness. These indulgences are extended alike to all who are capable of appreciating them."—p. 60.

From several cases detailed by Dr. Woodward, of the benefits that have resulted from these and other modes of management in daily operation, we extract the two following:

"No. 1. Within a month after the opening of the institution, there was placed under our care a man who had committed homicide. On his trial for that offence, he had been proved insane, and, for want of a more suitable place, was confined in the common jail of the county in which the offence was committed. Here he had been imprisoned *seventeen* years, sometimes being permitted to have the company of the worst prisoners, with whom he often quarrelled, and by whom he was often sadly beaten and abused; sometimes he was a long time in solitude, and occasionally loaded with heavy irons: at all times he was in close confinement, and considered a dangerous man even when under the severest restraints.

"When he first came into the hospital, he was violent, noisy, and often furious; he was permitted to enjoy the privilege of walking in the hall unrestrained, on condition that he would not injure his associates; he soon became more calm and pleasant, and was occasionally taken out to labour; he conducted well, and was soon indulged with greater liberties;—the Bible was given him, and he was fond of reading it; he worked much abroad and with great pleasure, assisted the women in the kitchen to scrub the floors, and in their other labours. He has been thus indulged more than *five* years; he has injured no one abroad, and has been respectful and civil. He now takes his meals at table quietly and orderly, attends chapel much of the time, and, although a very insane man, and at times violent in his language, is contented, peaceable and happy, and, when calm, has no desire to leave the hospital, but considers it his residence for life.

"No. 2. In the spring after the opening of the institution, a female was admitted who had been insane *seven* years. She was so extremely violent for some time before she was brought to the hospital, that her friends had chained her closely to the floor, and she had remained in this position so long, that she had entirely lost the use of her limbs. When she came under our care, she was considered incurably insane and lame for life. At first she was quite helpless as to getting about, but so furious at times, as to tear her clothes and do violence to all within her reach. By persevering efforts her limbs were after a while restored, and her health and mind improved.

"She went home to her friends and remained a year, but finding that, though greatly benefited, she was not entirely cured, her friends, with her consent, it is believed, again brought her to the hospital. During her second residence with us she did better than before, but still exhibited a capriciousness of temper and estrangement of feeling that showed remains of disease. She was again put upon the use of remedies which she continued six months, when she seemed to be entirely restored. She now returned to her friends,

and has since been well both in body and mind, and is now a pleasant, industrious and healthy young woman.

"No. 3 is a case of homicidal insanity, the subject of which has been in confinement *thirty-four* years. Before he came to the hospital, he had for more than a quarter of a century been confined in a filthy dungeon, without the comforts of life, with neither bed nor covering to keep him warm, and infested with vermin to such a degree, that he could hardly sleep if the means of comfortable repose had been afforded him. He declares that for *seven* winters, he did not feel the influence of fire, and that on one occasion, a stout and healthy cock lighted upon a tree by the window of his cell, and froze to death; this was the 'cold Friday and Saturday' which, in the recollection of all who felt its influence, was proverbially the coldest season of the cold. During these *three* days, he declares he did not lie down or sleep, but kept continually walking to keep himself from freezing. He remained in this solitary and filthy cell, the object of the sport and abuse of every idle and mischievous person who took delight in the rage and violence which he could excite, till removed to the hospital.

"When he entered this institution, he was furnished with a neat and cleanly room, a comfortable bed, and every thing necessary for his happiness. He had not been shaved for many years; he had not eaten at a table or in company, neither had he used a knife and fork during the whole period of this protracted confinement; he soon, however, relearned their use, and became, to a considerable extent, a civil, quiet man.

"Although the delusions of insanity remain the same, he is now comfortable and happy; he walks abroad at this time unrestrained, takes great care of the poultry, walks about the town and village in company with others, keeps his room in perfect order, makes his bed in the neatest manner, attends chapel every Sabbath, and enjoys life as well as the nature of his delusion will permit.

"No. 4. In the summer of 1834, there came into the hospital a foreigner whose great violence had rendered him the terror of all who came in his way; his beard was long and dirty, his countenance exceedingly insane, and the rapidity and vigour of his muscular movements were such as to excite alarm in all who witnessed his gestures or listened to his vehement and excited language.

"The first business was to shave him. Accompanied by the steward, I visited his room to persuade him to submit to the operation without restraint. I proposed to him to be shaved; he replied, 'not till you put me in irons,' and appeared greatly enraged. He was soon quiet, and I said to him in a decided tone, 'You must be shaved; take your seat on the bench, and let the man shave you peaceably, for it must be done.' He seated himself quietly, and was shaved without trouble. After the operation was over, he asked me to give him a paper to show that the shaving was not voluntary, but by compulsion, as his countrymen would not receive him and treat him with respect if he had lost his beard, which his religion obliged him to hold sacred. I promised him the certificate and he was satisfied, but was afterwards unwilling to be shaved, although he never again resisted. He left the hospital after some months' residence, in consequence of its crowded state, but returned *two* years afterwards the same savage, terrific man as before. He was violent for a time, but became more subdued, and after a while quite harmless and clever, except occasionally a few days of excitement. During the summer and autumn he has walked the grounds and enclosures of the hospital unrestrained, on giving his pledge that he would not extend his walks beyond the limits prescribed to him. He has been faithful to his engagements, and, although no less insane than ever, and having a full conviction that he ought to be immediately liberated, and that we have no right to detain him; yet he scrupulously regards his pledge, and will not violate it upon any consideration. He flies his kite, unites in sports with the neigh-

bouring boys who are fond of visiting him, is generally respectful, and attends public worship on the Sabbath much of the time."—p. 62.

The whole Report is highly encouraging to the philanthropist, and must tend to augment the efforts of the humane in every region, for the restoration or amelioration of the condition of this wretched portion of our population, the number of whom in this State—from the accounts recently furnished to the proper committee—is probably even larger than the astounding estimates given in the "Appeal" published in a recent number of the Library.

### *Hall's Principles of Diagnosis.*<sup>1</sup>

Amidst the dearth of original works of a professional nature amongst us, it is pleasant to observe an old acquaintance presenting a new appearance. The work of Dr. Hall on Diagnosis has been long known to the profession, and the fact of its having attained a second edition shows that it is appreciated among us. It is, indeed, a useful work, and the notes of Dr. Swett, which are not numerous, add to its value. We cannot say, however, that we are pleased to observe the publication of works on diagnosis singly. They are apt, perhaps, with all their value, to foster the spirit, which seems but too prevalent, of attending more to the *observation* of the phenomena of disease than of *reflecting* on the ultimate end of all medical science,—the improvement of therapeutics, or the mode of curing it.

## MISCELLANEOUS NOTICES.

*Professor Elliotson and Animal Magnetism.*—The result of the delusion under which this gentleman laboured, and to which we may have again to refer in the pages of the "Library," has terminated as we almost presumed it would. The Okeys, on whom the effects of Mesmerism were exhibited by Dr. Elliotson, having been retained in the University Hospital longer than was considered proper, were directed to be discharged, on which Dr. Elliotson resigned his office at the hospital, and his chair at the university. We extract the following account of the transaction from a recent number of the *Lancet*.<sup>2</sup>

"On the morning of Friday, Dec. 28, Dr. Elliotson sent in his resignation as lecturer on medicine at University College, and as senior physician to the North London Hospital. On the evening of the same day he entertained a numerous body of the students of those institutions at a dinner party in Conduit street, when he addressed them very energetically on the step which he had taken. The cause of the resignation may be thus briefly stated:—

"Early in June last the medical committee of the hospital held a meeting to take into consideration some 'published statements' respecting animal magnetism, which had appeared in *The Lancet*. Dr. Elliotson did not attend this meeting, at which resolutions were carried, requesting the doctor to refrain from further 'public exhibitions' of mesmerism, at the same time stating that they did not wish to interfere with its employment as a remedial

<sup>1</sup> *The Principles of Diagnosis.* By Marshall Hall, M. D., F. R. S., L. and E. &c. Second American edition, with notes by John A. Swett, M. D. 8vo. pp. 458. New York, 1839.

<sup>2</sup> For Jan. 5, 1839, p. 561.



agent when he chose to employ it. In answer to these resolutions the doctor said that 'no consideration' should prevent his pursuing the investigation of animal magnetism; that he had never made a public exhibition of it, but had only employed it remedially; and, as it was a subject in which many new facts were likely to be developed, had simply given clinical lectures and demonstrations upon it to the pupils, when a great number of scientific and eminent men had attended, but only on special invitation, after their urgent requests to be present. However, he would refrain from further exhibitions of them in the theatre, though he should forward to the committee the names of such gentlemen as might in future apply for permission to witness the experiments, leaving it to the committee to sanction the admission to the exhibition in the theatre of such persons as they chose to approve of. In a short time a list of applicants was sent to the committee, who did not read it, but merely replied, that they could not sanction *any* exhibition that was so entirely foreign to the objects of the hospital. In answer to this, Dr. Elliotson stated his full conviction of the reality of mesmerism, and his belief that the light which his experiments would throw over the operations of Nature would equal, if not exceed, that elicited by all other discoveries, and that mesmerism was of great physiological and therapeutical importance. Here the correspondence dropped, but mesmerism was practised in the hospital with undiminished frequency. No *public* exhibition in the theatre took place, it is true, but numerous small parties were entertained in corners of the wards with the effects of mesmerised water, gold, and other substances on the notorious Okeys, and the clinical clerks were employed in the wards for an hour or two daily in manipulations upon epileptic and other patients.

"The public are aware of the thorough, complete, and unequivocal exposure of the humbug of mesmerism, which was made in Bedford square, in August last. Dr. Elliotson left England at the end of that month, and was absent four or five weeks, but the patients were mesmerised as usual, in compliance with his directions, during that time the girls Okey being on a visit to Dover. In October the house committee of the hospital held a meeting to consider the case of Elizabeth Okey, who had now, excepting for about a month, been in the hospital ever since April, 1837. The committee were now informed that Elizabeth Okey had been readmitted for ischuria, a fresh complaint, totally unconnected with her former malady.

"At a subsequent meeting of the house committee, held early in December, Dr. Elliotson attended, and gave it as his opinion that it was still necessary to retain Okey in the hospital, as she was too ill to be discharged; and, in answer to questions from the committee, he stated that Okey was now entirely free from attacks of delirium, excepting when brought on by mesmerism. In reply to a remonstrance from one of the members, that he was in the habit of 'taking away this poor girl's senses occasionally,' the doctor returned no answer. Dr. Elliotson also stated, on this occasion, that having heard the nurse of the ward say that Okey had occasionally passed opinions as to the issue of certain cases then under treatment, he had taken her into the men's ward, in the twilight, where she had prophesied respecting the termination of some of the diseases, and these prophecies were written down and given, in a sealed paper, to the apothecary. He had not, however, taken her into the men's ward without first enquiring of the nurse if that step might be taken with propriety. In addition to the evidence given by the doctor himself on this subject, the nurse gave an account of the manner in which the girl conducted herself when attended by Dr. Elliotson on those occasions. She said, that on approaching the bed of a certain patient, Okey gave a convulsive shudder, and when asked the reason, she replied, that 'Great Jackey was on the bed,' meaning, according to her own subsequent explanation, that 'Great Jackey' was the 'angel of death!' She shuddered slightly only at the bedside of another patient, 'because *Little Jackey* was seated there!' These prophecies were accredited by the doctor as correct

indications of the fate of the patients respecting whom they were expressed. The effect of these proceedings, repeated in the same ward (death on one occasion having followed the visit of the girl), was of such a kind on the patients, that, to use the words of a gentleman who had witnessed them, 'the ward was in a complete flurry.'

"A few days since, the council of the college, additionally instigated by these proceedings, requested the committee of the hospital to take steps for the immediate discharge of Okey, and the prevention of further mesmerism in the wards. Dr. Elliotson did not at first receive the former part of this request, but was 'respectfully requested to discharge Okey;' but on the request respecting the further pursuit of mesmerism being communicated to him, he immediately sent in his resignation to the council.

"We have stated that on Friday, Dec. the 28th, a very large number of the students were invited to dine with Dr. Elliotson. On Wednesday, Jan. 2d, a meeting of the students was held in the anatomical theatre for the purpose of hearing read the letter of resignation, copies of which had been freely circulated amongst them. This meeting was got up suddenly by the friends of Dr. Elliotson, and, after the reading of the letter, was adjourned to Monday, Jan. 7th, at one o'clock. The doctor had stated in the letter that his reason for resigning arose out of the undue interference of the house committee and the council with a patient who was under his care in the hospital. He also requested in it that the fees which had been paid by students for the second half session of his lectures, should be returned to his class, and added, that he would never again enter either the hospital or the college.

"In conversations which we have had with a great number of medical men, and of friends of the university, we find that the conduct of the house committee and the council, in this transaction, has received a very hearty approval. We do not find that the integrity of Dr. Elliotson has been at all impugned in this affair; but it is considered by many of the best informed members of the profession, and by the best friends of the university, that the doctor's secession from the establishment will be attended with immense advantages both to the college and the hospital, and that his continuance in the two offices,—considering the opinions which he honestly holds on the subject of mesmerism,—would be attended with great injury to the utility of the hospital, and the certain, the inevitable ruin of the medical department of the college. It is generally thought that the council is relieved from taking a harsh step with regard to the professor, by his sudden and prudent withdrawal from the establishment. The professors of the college, as well as the most considerate men in the profession, are at length convinced that such a humbug as *mesmerism* and the *science of medicine*, cannot exist co-ordinately in this country, and that of all the various species of quackery which were ever invented, there is not another that is either so dangerous or so ridiculous as that which has been impudently styled 'Animal Magnetism.' When Dr. Elliotson became a *mesmerist*, he ceased to be a 'physician.' The escape of the medical department of the university from complete ruin, may be attributed to the temperate but firm conduct of the house committee of the hospital, and the council of the college."

By the last Journals, received by the Great Western,<sup>1</sup> it appears that the resignation of Dr. Elliotson was immediately accepted by the council of the University College; and that our distinguished friend, Dr. Copland, who had been appointed to complete the course, had entered on his duties, and was giving ample satisfaction. The appointment, however, is not permanent. We observe by the advertisements, that an election for a successor to Dr. Elliotson will take place about the 31st of May, prior to which time candidates are required to send in their applications, &c.

<sup>1</sup> *Lancet*, Jan. 26, 1839.

*University of Maryland.*—We observe, by the public prints, that the long pending cause between the regents of the University and the board of trustees, to which we adverted more than once in the first volume of the "Intelligencer," has been decided in the Court of Appeals against the latter. It will be recollected that, in the year 1828, the legislature of Maryland appointed a board of trustees, by abrogating the former charter under which the regents acted. This act is now pronounced by the highest tribunal in the state to be unconstitutional, and therefore null and void.

*Louisville Medical Institute.*—From the catalogue recently published, we observe that there were, during the session just terminated, one hundred and twenty medical students. Of this number, fifty-four were from Kentucky, thirty-two from Tennessee, nine from Mississippi, seven from Alabama, six from Indiana, four from Illinois, two from North Carolina, two from Georgia, one from New York, one from Missouri, one from Massachusetts, and one from Louisiana.

*College of Physicians and Surgeons of the Western District of the State of New York.*—The catalogue of this institution informs us that there were, during the last session, one hundred and twenty-four students. On the 23d of January, 1839, the regents of the University conferred the degree of doctor of medicine on thirty-three gentlemen.

#### BOOKS RECEIVED.

Catalogue of the officers and Students of the Medical Institute of the City of Louisville, January 1, 1839. 8vo. pp. 12. Louisville, Ky. 1839.

*From Dr. Woodward.*—Sixth Annual Report of the Trustees of the State Lunatic Hospital at Worcester, Dec. 1838. 8vo. pp. 88. Boston, 1839.

*From the Author.*—Principles of General and Comparative Physiology, intended as an introduction to the study of Human Physiology, and as a guide to the philosophical pursuit of Natural History. By William B. Carpenter, Member of the Royal College of Surgeons of London, late President of the Royal Medical and Royal Physical Societies, and Fellow of the Royal Boston Society, Edinburgh; and Lecturer on Forensic Medicine in the British Medical School. 8vo. pp. 478. London, 1839.

*From George Combe, Esq.*—An Enquiry into the Influence of Physical Causes upon the Moral Faculty. Delivered before a meeting of the American Philosophical Society, held at Philadelphia on the 27th of February, 1786. By Benjamin Rush, M. D. 8vo. pp. 28. Philadelphia, 1839.

[This Enquiry, from (we need scarcely say) a most distinguished source, is reprinted by Mr. Combe as "the nearest approach to Gall's discovery which has come under his notice."]

*From the Author.*—An Address delivered to the Students of the Louisville Medical Institute, in presence of the citizens of the place, at the commencement of the second session of the Institute, November 13, 1838. By Joshua B. Flint, M. D., Professor of Surgery. 8vo. pp. 31. Louisville, Ky. 1838.

*From Professor T. R. Beck.*—Circular and Catalogue of the Faculty and Students of the College of Physicians and Surgeons of the Western District of the State of New York, in Fairfield, Herkimer County, 1838-9. 8vo. pp. 16. Albany, 1839.

## AMERICAN MEDICAL INTELLIGENCER.

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## ART. I.—VACCINATION AND RE-VACCINATION.

In a letter (dated Bristol, Jan. 26, 1839,) received by the Great Western from William B. Carpenter, Esq., the able author of the "Principles of General and Comparative Physiology," referred to more than once in the pages of this miscellany, he thus expresses himself on the subject of the new vaccine virus.

"I shall hope to hear from you continued good accounts of the success of our new vaccine lymph. It has certainly quite fulfilled the expectations which were at first excited, regarding its general characters and its increased effect on the constitution; but the actual value of its protective power still remains to be tested. Mr. Estlin has employed it with complete success for the removal of a *nævus*, over which the vesicles spread in a very remarkable manner."

The following letter from a respectable physician in this state affords additional testimony in favour of the new lymph:—

Canonsburg, Feb. 18th, 1839.

*Robley Dunglison, M. D.*

Dear Sir,—I duly received the portion of vaccine crust, the product of the recent English virus noticed in your journal, which you so promptly and so kindly sent to me by mail. In order to extend your benefit as widely as possible, I divided the vaccine crust between myself and two of my professional neighbours. With the small portion which I reserved to myself, I succeeded in producing two beautiful, well-defined cow pocks on the arms of two healthy infants, *æt.* 5 months, and from these I obtained a supply of matter which has, in a number of cases, infallibly produced its own likeness to my entire satisfaction. A detail of the first two cases would be found to bear a close resemblance to the cases described by Dr. Bridges in your "Library and Intelligencer" for Jan. 1st. In all my limited experience in vaccination for fifteen years, I have never seen the specific local appearances as well as the constitutional symptoms of cow pock more distinctly marked than in the cases which I have vaccinated with this matter. To satisfy myself, I have, also, in a few of these cases, applied Bryce's test of the constitutional effect of vaccina. In short, from the published experience of others, as well as from my own observation, I feel confident in pronouncing the cases which I have vaccinated with this English matter, to be true Jennerian cow pocks.

Your correspondence with those parts of England where the cow pock is endemic, and your receipts of virus from the fountain-head, will doubtless greatly serve the cause of humanity, by preserving this great prophylactic in all its vigour and purity.

With feelings of gratitude and great regard, I remain, yours truly,

D. S. STEVENSON.

We may remark, that Dr. Bridges will now be able to supply the lymph to country practitioners on the ordinary terms.

In the last number of the British and Foreign Medical Review (for Jan. 1839, p. 186,) is contained an account of the results of vaccination and re-vaccination, during a period of five years, in the kingdom of Wirtemberg. The despotic governments of the continent have, in cases like this, a great advantage over free countries; as they have merely to issue decrees to have them obeyed, whether they relate to matters of public or domestic nature. For this reason, England, although the birth-place of vaccination, has always been behind many of the continental nations in deriving full benefit from this great discovery; and, consequently, we must now look abroad for data whereon to found trust-worthy conclusions respecting many doubtful points in its history. Although in Wirtemberg the despotic authority of the government has not been carried to its full extent in respect to the enforcement of vaccination, still this has reached a degree of universality which it is not likely to attain in England for many years to come; as it is well known that John Bull would rather die by his own free will, and in his own way, than be saved *by authority* from plague or pestilence. It is, perhaps, well for medical science that countries may be found where such an experiment as is now making in Wirtemberg, on the protective powers of cow-pox, can still be made on the grand scale. The time that has elapsed since the experiment was begun, is yet too brief to furnish *certain* results as to the absolute power of vaccination to protect from smallpox, or as to the degree of permanency or duration of this protective power; but the results arrived at, as detailed in the article before us, are very important, and such as have not been heretofore obtained. Our limits will not permit us to enter, at any length, on the subject; but we must lay before our readers a few of the more prominent details.

The population of Wirtemberg is 363,293; and it appears that during the period of five years 208,322 children were vaccinated, leaving only the insignificant number of 271, above three years of age, yet unvaccinated. The total number of cases of smallpox that occurred during the same period was 1677, of which 354 were cases of genuine smallpox, and 1043 modified (in other words, rendered milder) by previous vaccination; being about one case of failure in every 217 individuals. The total number of persons re-vaccinated (*i. e.* vaccinated a second time after the lapse of a certain number of years) was 44,009; of this number upwards of 20,000 took the disease perfectly; 9,006 imperfectly, and 15,000 not at all. It might be inferred from this that little more than one third of those vaccinated in infancy could be regarded as protected from smallpox; but although *probable*, it is by no means yet *proved*, that a susceptibility for the vaccine is tantamount to a susceptibility for small-pox. If this were admitted, we must admit, also, that the proportion of persons liable to a *second attack of smallpox* is much greater than is commonly believed. Thus it appears that of 297 persons who had previously had smallpox, and were *marked* by the disease, 95 received the cow-pox in a perfect form, and 76 in a modified form, while only 126 resisted it altogether. Are we justified in inferring from this, that no less than 58 per cent. of those who have had smallpox, are still liable to an attack of this loathsome malady?

It resulted from the Wirtemberg trials that the proportion of persons that took the cow-pox *well*, on the second vaccination, progressively increased with the age of the subjects,—that is, with the distance of time from the first vaccination. Thus, in some of the departments of the kingdom where the re-vaccinated were chiefly *children*, the proportion of cases in which the operation succeeded was comparatively small; among the military (14,334 in number), where the subjects were nearly all about the age of *twenty-one*, a much greater number received the disease; while in one whole department (the Jakstkreis), in which the persons re-vaccinated were *thirty* years old or upwards, a still larger proportion was affected. All these results bear strongly on the expediency of a second vaccination; and, accordingly, Dr. Heim urges this as absolutely necessary for the protection of the public. The author of the article in the Review, however, is of opinion that we have not, as yet, sufficient experience positively to decide the point; but it must be admitted, that such experience as we yet have, tends decidedly to countenance the advantage of second vaccinations; and a potent argument in their favour, in the present stage of the enquiry, is, that *they may do good and cannot possibly do harm*. One very important point seems fully established in this article, viz.—that the existence of a cicatrix or mark of the primary vaccination in the arm, is no test whatever of the security of the individual from smallpox; it having been found, in Wirtemberg, that those with and those without the mark were equally susceptible of cow-pox on the second trial. Thus, out of the 14,334 re-vaccinations among the military, 8,845, or more than half, showed what has usually been considered as *good* marks of previous vaccination; and of this number the success of the re-vaccination was complete in 31 per cent., modified in 29 per cent., and it failed altogether in 40 per cent.: while of those with *imperfect* marks, the re-vaccination was complete in 28 per cent., modified in 26 per cent., and totally failed in 46 per cent.

The following communication in a recent medical periodical,<sup>1</sup> by William B. Hutchinson, exhibits the results of re-vaccination at the Foundling Hospital, London:—

“I have recently submitted 216 children at the Foundling Hospital to the test of re-vaccination, and as this subject is just now creating so much interest among the members of the profession, it may be useful to lay before your readers the result of my observations upon these cases.

“Of these two hundred and sixteen re-vaccinated, *eleven* went through the different stages of *regular* cow-pox, as if they had never had the disease; proving that in these the primary vaccine had lost its prophylactic power.

“In *one hundred and twenty-two* a spurious form of cow-pox was developed, producing in some considerable local inflammation and constitutional disturbance. The irregular nature and progress of the spurious affection in all these cases, proved that the constitution was still under the protective influence of the first vaccination.

“In *eighty-three* no effect (more than slight irritation from the puncture) was produced, though many of them were re-vaccinated twice, thus affording negative evidence of the undiminished preservative powers of the primary vaccine.

“I was led in the first instance to recommend a general re-vaccination of the children, from observing that the arms of many of those recently arrived

<sup>1</sup> London Medical Gazette, Jan, 26, 1839, p. 638.

from the country (of the age of five) presented very imperfect cicatrices: but I think the following short observations will go far to prove that the condition of the cicatrix does not furnish any criterion whereby to estimate the success or efficacy of the early vaccination, and I feel justified in concluding that the intensity of the local inflammation produced by the vaccine virus, bears no relation to its subsequent protective virtues.

"Of the eleven cases re-vaccinated in which all the stages of natural cow-pox were regularly developed, eight presented *perfectly formed cicatrices*, (some having four, none less than two); two presented *no trace* of a cicatrix; and had an imperfect scar. The youngest of the eleven was *æt.* 5, the oldest *æt.* 13.

"I selected three arms, in neither of which could any trace of a cicatrix be discovered (though the children were all carefully vaccinated when infants), and I re-vaccinated them *twice* with the greatest care from a fine arm without *any result*, more than a slight degree of inflammation in one out of the three cases.

"Being desirous to employ only recent lymph from the infant's arm (for the greater security of the children re-vaccinated), I had no extensive opportunity of testing the lymph of those cases of successful re-vaccination, and the few experiments which I did make were inconclusive.

"I will conclude this brief notice by earnestly calling the attention of the profession to the necessity of enforcing the practice of periodical re-vaccination. The period of time during which the vaccine may be said to preserve its prophylactic power does not seem to be agreed upon; and, in the absence of any positive rules for our guidance, it is surely better that we should be on the safe side, and as we do see cases where we must believe that the regular cow-pox has been produced twice within the period of five years, we should consider this the maximum term of years over which the protective power of vaccine may be said to extend, and re-vaccinate accordingly *every fifth year.*"

## ART. II.—ON DEFORMITY OF THE CHEST IN YOUNG CHILDREN, FROM DISEASE OF THE LUNGS.

BY G. A. REES, ESQ.

There is a deformity of the chest met with in infants and young children, occurring in connection with disease of the lungs, which, though not of very rare occurrence, I do not recollect to have seen described. The deformity consists in a depression existing at the line of union between the ribs and their cartilages, in consequence of which the arched form of the front of the thorax is lost, and a channeled appearance external to the sternum on each side produced.

Accompanying such deformity, there is an altered movement of the ribs in breathing, and there are well-marked symptoms of lesions of the organs of respiration; the infant suffers habitually from shortness of breath and a short dry cough, when attacked with any bronchial affection not in itself of a dangerous character—bronchial irritation, for example, to which they are subject—and the breathing becomes hurried, the pulse much accelerated, the countenance assumes a livid hue, and the appearance of the child indicates a severe form of the pulmonary disease.

The following is a very slight sketch of a case of this kind, which, though imperfect, will, I think, best illustrate the description, and serve as an introduction to the remaining remarks.

James Goulee, aged eleven months, was brought to me in the month of April, labouring apparently under severe inflammation of the lungs; there

being great difficulty of respiration—amounting to dyspnœa, acceleration of the circulation, pulse 122, short dry cough, lividity of the countenance, dilatation of the *alæ nasi*, &c. On applying the ear to the chest, I detected no indications corresponding to the severity of the symptoms; slight crepitation of a large character over the central portion of the lung alone being observable.

The parent informed me, in her history of the case, that the infant was born lively, and continued well and thriving to the age of two months, at which period it began to decline; shortness of breath and a cough, more or less considerable at intervals, having continued from that period, with occasional attacks resembling the present.

The child being undressed, I found the body emaciated, the abdomen tumid, and the chest presenting the deformity above described; but what struck me principally, as explaining the great difficulty of breathing in comparison with the slight *perceptible* disease of the lungs, was the altered movement of the ribs in respiration; at the moment of inspiration they being forced inwards instead of drawn outwards, and thus the size of the thorax transversely diminishing instead of being augmented.

For a time the little patient seemed relieved by the treatment adopted, but a fresh attack supervening in the month of May terminated fatally.

At a post-mortem examination, I found, on opening the chest by cutting through the ribs a little posterior to their cartilages, a projection inwards, corresponding with the depression externally. The central lobe of the right lung, and a great part of the lower lobe over the left side, were converted into a dense, firm texture, sinking in water, of a purple colour, resembling most nearly lung having suffered from compression, after effusion in the pleura, or from chronic pneumonia. It corresponded pretty accurately with a drawing by Dr. Hope, in his work on Morbid Anatomy, given as a specimen of the effects of chronic pneumonia. There was also injections, but slight, of the bronchi; the pleuræ were healthy; there were no tubercles. The abdominal viscera presented no marks of disease.

I have met with and examined four other cases of this kind within the last year, out of nearly 5,000 children seen by me at the Tower Hamlet's Dispensary for Children, a description of which, as regards the symptoms and post-mortem appearances, would be almost exactly similar to the foregoing, except that the deformity of the chest was not in all so considerable, was in general more perceptible on the right side, and that the age of the patients varied, the oldest being two years and a half. From one of these cases I took, and still retain, a portion of the ribs and their cartilages, showing the deformity, and also the right lung, nearly the whole of which presents the morbid appearance already described.

The impeded respiration in these children exerts a baneful influence on sanguification and nutrition, and hence they soon assume the appearance of rickety children, and are often considered in a decline. It is, however, worthy of remark, that no tubercles were present in either of the cases, and that the mesenteric glands were enlarged only in two, and in these not considerably.

It appeared to me at first questionable whether the lesion of the lungs, or contraction of the chest, was the primary affection in these cases. It seemed probable that the altered movement of the ribs was the result of the deformity of the chest, and that the lung was altered by compression; I now, however, entertain no doubt that the lung is primarily affected, and that its lesion causes the abnormal contraction of the thorax in respiration, and, subsequently, the deformity in question. I am led to this opinion, because,—

1st. I have seen cases where there has been the altered movement of the ribs without the deformity; nay, these cases are by no means rare, and in them symptoms of pneumonia of a subacute character, are present, and I have detected in such small crepitation on listening to the chest.



2dly. I have seen this altered movement more considerable on one side than the other, thus indicating the lung principally affected.

3dly. Cases where the altered movement of the ribs alone was apparent, and no deformity, have recovered, and the ribs resumed their normal movement as the lung became healthy.

4thly. I have seen the deformity in the course of the disease showing itself, and becoming more apparent as that disease progressed.

Hence I am led to believe, that the disease of the lungs is the primary affection; as to its nature, I consider it to be chronic pneumonia.

It is with great diffidence I give this opinion, knowing what Andral, Laennec, Chomel, and others, have said as to the rarity of its occurrence, but I know not what other disease would cause the change of structure perceived, and probably their examinations were confined to, and consequently their remarks refer to, the adult subject. These cases will only be found in the very young subject, where the ribs are most flexible; in after-life, where the ribs are firmer, no such state of things can occur.

Allow me to suggest the following explanation of the phenomena; the lung, in chronic pneumonia, becomes shrunken, as well as solidified; therefore, when the diaphragm contracts in inspiration, either one of two things must occur, either the descent of the muscle must bear an exact relation with the limited expansion of the lung, or the space which would result from its descent, the lung not expanding, must be filled by a temporary contraction of the walls of the chest; in the adult subject the former of these would take place; but, in the infant, the flexible ribs and their cartilages readily yield to the contraction of the muscle within, and to the atmospheric pressure from without; and hence the altered movement of the ribs. At a later period the deformity of the chest establishes a relation between the containing and the contained parts.

Where the deformity is well marked, as far as I have seen, the patient never recovers; it seems as if the permanent inversion of the ribs prevented the lung from resuming its healthy state, even after the disease has been checked; where, however, the altered movements of the ribs alone exists, small doses of mercury, with the application of counter-irritants, will succeed often in subduing the inflammation; and the evidence of improvement will be in the movement of the ribs becoming natural during inspiration, the parietes of the chest, in these cases, proving a source of diagnosis as to the state of the organs within.<sup>1</sup>

### ART. III.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

1.—*Case of Chronic Meningitis with Softening of the Brain.* Reported by ALEXANDER VEDDER, A. M., M. D., of New York, Senior Resident Physician.

Ann Hause, a married Irishwoman, æt. 47, entered the Lunatic Asylum, September 18th, 1839. No anterior history could be obtained. The expression of her countenance was unfixed; face not flushed; pupil of left eye much smaller than that of right. She talked very little, and in a low tone; manifest delirium; no vascular excitement. She remained in nearly this condition until the 27th; the pulse, however, becoming smaller and more frequent (96). The only evidence of encephalic lesion was the want of correspondence between the pupils, the unfixed expression and mental aberration; there was no constipation, no vomiting. She seldom slept more

<sup>1</sup> London Medical Gazette, Dec. 31, 1838.

than six hours, and usually only two or three. At one time she imagined that people were calling her; at another that serpents were in her bed, on which account she positively refused to sleep in it, preferring to lie under it, which she not unfrequently did. The treatment, until the 27th, consisted of moderate purging, revulsions to the nape of the neck, and hypnotics. The case at this time would no doubt have been pronounced a case of insanity, were it not for the state of the pupils; indeed, at one time we were inclined to think that even this might be accidental.

Her condition on the 27th was as follows:—Expression rather dull; pupils more contracted, unequal; head cool; no delusions of the senses; appetite slight; pulse 86, small and quick. We found her lying under the bed. Insists on it that her husband is dead. She has slept none for the last two nights, although the hypnotic was given as usual.

*Applicetur nuchæ emplastrum epispasticum*—six inches by five.

No important change took place until the 10th of October. It may be worthy of notice that at one time she imagined herself made of glass, she was in the greatest dread of being touched, crying out when we approached her, "you will break me."

On the night of the 10th October, she became more delirious and noisy; she saw murderers, armed with knives. On the 8th she complained of pain in the abdomen; which was the first time she had felt pain since her admission. Sleeps less; illusions of seeing and hearing; answers correctly; *decubitus dorsal*; lower extremities drawn up; eyes dull; pupils equal and dilated; knits her brows; tongue red and shining; pulse 102, small; skin harsh and dry; speech thick; hearing acute; *rigidity* of both arms equal; her whole body is very rigid. Blister to be dressed with *unguentum hydrargyri*.

*Prescription*.—*Hydrarg. chlor. mit. gr. ii.*; *morphini sulph. gr. ʒ.* *Misce, fiat pulvis horâ tertiâ quâque sumendus.*

*R. Fol. senæ; magnes sulph. aa. ʒi. Infunde in aquæ bullientis Oj. pro enemate.*

12th.—Cerebral expression more marked; pupils contracted; muttering delirium; speech more thick, unintelligible.

Rigidity increased; no distortion; no stool for the last three days; retention of urine, which is discharged by the catheter.

*Continuetur pulvis quâque horâ.*

*R. Ol. tigllii, gtt. ii.*; *M. panis q. s. ft. pil. No. 2. Statim sumend. Applicetur regioni pone aures emplastr. epis. No. 2.*

No effect was produced by the croton oil; the vitality was too low to be affected by the blisters; the pupils contracted to a point, and a slight distortion of the mouth.

On the 14th there was an evident mercurial fætor of breath; her tongue was thickly coated and the bulb covered with sordes. There was at the same time a decided improvement of all the symptoms; her intelligence was not lost, she endeavoured to say something but was unable to articulate.

Died October 16th.

*Necroscopy eighteen hours after death*.—Brain: at the summit the membranes are a little adherent, and slightly opaque; substance of good consistence. The anterior half of the base of cerebellum is highly injected with opacity of the membranes; central parts are firm. Very little fluid in the lateral ventricles. At the anterior margin of each lobe of the cerebellum is a deposit of hydatids, in the membranes most marked on the left side: beneath this deposit the cortical substance is softened, as well as the medullary to the depth of half an inch. No other part was examined.

This case is rather curious on account of the mildness of the symptoms and the length of time it took in running its course. It is not an uncommon form of the disease, and is one which is constantly liable to be mistaken for insanity if the case be not well observed.

*2.—Case of Insanity.—Duration two months.*

M. R., ætatis 17 years, was admitted into the female department of the lunatic asylum, September 15th, 1838. At the age of 12 she lost both her parents. She was intelligent, neat, and industrious. At the age of 13 years she was seduced, at which time she was in some way connected with one of the theatres in the city; her child is now living. At the age of 17 she met with a like "misfortune." Her last child, to which she was very much attached, died in June, 1838. Soon after this she acted strangely, neglected her work, was careless; at night she imagined that she saw the "ghost" of her child. September 14, she attempted to commit suicide by taking about an ounce of laudanum; this was discovered in time, and was ejected by means of an emetic. After this time, she became raving, and was then brought to the hospital.

*Present state, Sept. 16th, 1838.* Small stature; languid expression; motions rather slow. She is constantly making gesticulations, varying the expression of her countenance, and the tone of her voice in theatrical style. She at times seems to be acting a pantomime. Her sentences are short and broken, and uttered in a low tone, such as these: "Who am I? who was I? can that be true?" Pulse 72; head rather warm; spent the night in singing. Directed a sinapised pediluvium: the cold douche to the head morning and evening, and one of the following pills every two hours when excited.

R. P. opii. gr. i.; P. camph. Ext. hyoscyam. an. gr. ii. m. ft. pil.

After the foot bath, and after taking one of the pills, she became quiet and slept a few hours.

On the 19th, there was retention of urine, which continued about one week. For several days she refused to speak a word; she would remain in her room whole days perfectly listless: with the greatest difficulty she could be made to answer in monosyllables. A scruple of ipecacuanha was now directed to be taken every morning. By the music of a violin she was aroused and seemed much pleased.

October 3d, she expressed a desire for some occupation, which was hailed as a favourable symptom. After this she became cheerful and inclined to converse. Discharged cured, Nov. 20th, 1838.

*3.—Case of Mania (recent), duration six months.—Complete Recovery.*

Ann B. was admitted into the Asylum, April 2d, 1838, in a raving state. She is single, aged 35 years, a native of Ireland; in America 8 years: a laundress by occupation. Her parents were sane: she has four sisters and one brother: the intelligence of one of them was imperfect, which was attributed to a blow received on the head at the age of three years: the others are sane. She met with a "misfortune," which was the source of great uneasiness to her. During the season of Lent, in '38, she read her Bible a great deal. About the middle of March, '38, she took a dislike to the other servants; she would drive them out of the room without cause. At this time, she was living in New York. Soon after this, she imagined that some of her relations were badly treated at Philadelphia; on her arrival here among her friends, her insanity was fully developed; she would write on the wall, would break furniture, was quarrelsome. At her admission in April, she was perfectly incoherent, vociferating at the top of her voice, cursed the clergy, breaking and upsetting her bedstead. She was the terror of the house; she was put in the strait jacket, and at times strapped to the bed; this violent behaviour continued for three months. During this time she was uncleanly; sleeping very little, and appetite variable. The jacket was kept on for the space of four months with but little intermission.

It was put on occasionally during the two succeeding months. About two months previous to her recovery, her physical condition improved, at which time she was emaciated; she slept better; there was a corresponding improvement of mind. Soon after, she desired to perform some work. Oct.

15th. She is at this time entirely sane ; she is industrious, neat, intelligent. She recollects perfectly all her acts of extravagance. *Amenorrhœa* during the last five months. The treatment was not very active. She was purged, cupped to the nape of the neck ; opiates to quiet her.

A. M. VEDDER.

## BIBLIOGRAPHICAL NOTICES.

### *Professor Dickson's Introductory Lecture.<sup>1</sup>*

Professor Dickson is not in his noviciate as a lecturer. On the contrary, he is esteemed one of the most eloquent and enlightened medical teachers of the South, and of the country. The pamphlet before us bears testimony on these points, and exhibits the energy and the point of the practised instructor. The author is—like every judicious inquirer—of the eclectic school ; and he boldly advocates its triumphant superiority.

His remark—"that there is not one of the numerous charlatans, compounders and sellers of nostrums—none of the itinerant lecturers upon physiology, phrenology, animal magnetism, diet, manners and customs, &c. from whose labours some good may not be extracted,"—is almost identical with the sentiments delivered by us on a like occasion, and about the same period.

The following extract will afford an example of Professor Dickson's matter and manner.

"The prevailing system of opinions in Medical Science, is decidedly Eclectic, and the Rational 'Empiricism of the Cullenian Philosophy is in the ascendant. The Physiological School, self-styled, the most recent in its pretensions, is already fast falling into decay, nor can we wonder at its fall. It professed to teach *a priori* what we must be content to learn by the more modest and humble reasonings *a posteriori*. It inverted the safe process of intellectual movement, and instead of leading onward from things known to things unknown, rashly assumed the obscure and undiscovered, and thence inferred the more obscure and remote. It overlooked the truth, that the greater portion of our Physiology has been deduced from observations and experiments in Pathology ; the functions of all our organs becoming better known, by lesions of their structure, and impediment to their action, than by all other modes of inquiry.

"Hahneman still lives to mystify his Homœopathic followers, and his credulous patients, with the promise of impressive control over the morbid action in disease, through the operation of infinitesimal quantities of ordinary drugs, the similar action of which will uproot and put an end to the previous morbid condition. Where but in Germany, could such a delusion spring up and take root. Germany, the land of pure Idealism, unshackled imaginations, and the transcendental Philosophy. A few of these dreamers are to be met with, nevertheless, in other regions ; near the English throne it is said they were received with favour during the last reign, and one or two stragglers have established themselves in our own northern cities. The contrasted system of contra-stimulant Medicine, a pure Allopathy, predominates in the Southern and Adriatic section of Italy. Its advocates propose

<sup>1</sup> Introductory Lecture, delivered at the opening of the Medical College of the State of South Carolina, November 12th, 1838. By Professor L. H. Dickson, M. D. Published by the Class. 8vo. pp. 26. Charleston, 1838.

to subdue disease directly, by arousing with well chosen remedies, modes of action positively opposed to it in nature. Ordinary Perturbers are content to substitute *any new* action for that which constitutes a given malady, believing that the disorders generated by the judicious employment of familiar medicaments, will be transient and manageable—or at least much more so than those which they are applied to supplant. The Pinelians, the followers of the Medicine Expectante, and of the Physiological system, neutral between the patient and his disease, as well as between Allopathy and Homœopathy, abstract merely without perturbation or other direct interference; deeming it safest to diminish the violence of the contest by exhausting the energy of all the forces set in action.

“In France, it is universally admitted, the department of Pathology has been most successfully cultivated. Her records are full of illustrious names, at the head of whom we shall place without hesitation, Andral, Magendie and Louis, among the living, and of the recently dead Bichat and Laennec. Of this last it is recorded by Crawford, that he had personally made more than 5,000 post mortem examinations—an unprecedented exhibition of zeal and persevering diligence. We are indebted to him, beyond dispute, for the present improved Diagnosis of Pulmonary Affections. The Stethoscope invented by him for the exploration of the chest, must become familiar to you all as affording signs and indications which collated with those obtained by Percussion, and by the ordinary modes of inquiry, render our knowledge on this set of subjects singularly clear and definite. Louis is the founder of the *numerical* system, whose characteristic purpose it is to institute a course of statistical experiments upon diseases and their remedies, noting in minute detail, and recording in tabular form, the whole history of conduct and results upon both the living and the dead body. Crude and unfounded assertions in regard to various methods of treatment, are thus put to the test, and much light is thrown upon the influence of medicines in the production of alleged changes of condition and alterations of structure.

“When we cross the Channel, it is striking to notice how much more attention is habitually paid to Therapeutics proper, and how much less to what we may call doctrinal Pathology, than upon the continent. Since the days of Brown, no theorist has obtained in Great Britain any considerable number of proselytes, or made any decided impression on the public sentiment. Yet this has not been for the want of men of fine genius or dazzling brilliancy of intellect, as we prove by the mere recital of the names of Darwin, Beddoes, Parry and Good. The spirit of English Medicine is eminently practical, and an unbroken line of illustrious practitioners, from Sydenham to Copland, have been engaged in adding to the number and usefulness of our remedies, and in lessening the sufferings and prolonging the lives of their fellow men. Armstrong, Hall, Ayre, Smith, Tweedie, Johnson, and a host of others might be mentioned, whose recent contributions to the practice of Physic richly entitle them to our gratitude. Nor is the native land of the great Cullen at all behind her sister, England, while she can boast of a M<sup>r</sup>Intosh, whose death within a short period, has occasioned a much lamented chasm, a Craigmie, and an Abercrombie—crowned with various laurels, gathered from the fields of religious and moral philosophy, as well as from those of benevolence and science. Ireland also shows a galaxy of talent and worth, of men devoted to the arduous duties of the healing art, benefactors of the poor, and emulous to diminish the evils of famine and pestilence—such as Cheyne, Percival, Marsh, Grattan and Stokes. All these, and a long catalogue of such as these, highly and deservedly esteemed, are Eclectics and Rational Empirics, believing and acting upon the belief, that infinitely more is to be done toward the improvement of our divine science, by free and varied experiment upon the persons, and observations faithfully made at the bedsides of the sick, than by the most minute and precise records of symptoms and autopsies, and the most logical deductions from such premises.

"Nor do I shrink from offering the claims of my own countrymen to the meed of praise and admiration. With more limited means, and pressed by severer difficulties than are known elsewhere, they have done as much in proportion as their brethren in more favoured regions, and their published labours will bear a fair comparison with those of their transatlantic rivals and coadjutors. We have inherited too much of the practical propensities and habits of our British ancestry, to run great risk of being led far into the misty fields of Hypothesis. Permanent reputation and eminence are to be attained among us, only by direct usefulness, and an immediate application of scientific acquirements, to the purposes of philanthropy. All our successful medical works are therefore of a strikingly practical character, and so thoroughly Eclectic are we, (I had almost said by instinct) that every effort to put forward the exclusive claims of any school whatever, has not only failed altogether, but has recoiled promptly upon the head of the rash advocate who consulted so little the genius of his compatriots. We have determined, as well in science as in government, "to call no man master." Our Chalmers, Rush, Irvine, Hosack, Eberle and Physick, were all Eclectic-Empirics, and their successors, whether in the cold and calculating East, the ardent South, or the fertile valleys of the West, pursue the same course, and with every prospect of fulfilling the same happy destiny, of enlarging the bounds of useful knowledge, and subtracting something, each in his turn, from the vast mass of human misery.

"For myself, I need not, at this day, avow my determination to be guided by these principles of Rational and Eclectic Empiricism, from which only, as I have always publicly maintained, we are to look for illumination in the dark and intricate researches to which we have devoted ourselves. In the language of Broussais, I profess myself ever ready to administer any medicine in any form of disease to which a fair and precise experience may prove it to be adapted: no matter how inconsistent its influences may seem *a priori* with the accustomed management of such disease. Yet, while I advocate a frank and open reception of testimony, I repeat the caution, that we must look well to its nature, its source, and its relevancy. Nothing can be more essential in a physician, than a deliberate judgment, as free on the one hand from weakness and credulity, as on the other from the bias and obstinacy of 'foregone conclusions.'"—p. 25.

#### *Professor Flint's Address.<sup>1</sup>*

This is the production of a sensible individual, attempting no meretricious display, and willing to array truth in her homeliest garb. We might perhaps object to one or two inadvertences; for example, where he remarks, or leaves the reader to infer, that we have no work in this country, *ex professo*, on Hygiène.

The following recommendation to the Class, on the whole, is good. We would rather, however, inculcate the necessity of reading after the course of lectures is completed, than during its progress, and this in furtherance of the first object which Professor Flint himself has in view, of teaching the student to *reflect* rather than to *listen* or to *read*. Instead of reading at night after the lectures of the day, we have always advised, that the student should reflect upon what he has heard, and only refer to some approved works when he is at a loss.

<sup>1</sup> An Address delivered to the Students of the Louisville Medical Institute, in presence of the citizens of the place, at the commencement of the second session of the Institute, Nov. 13, 1838. By Joshua B. Flint, M. D., Professor of Surgery. 8vo. pp. 31. Louisville, 1838.

"A common fault of pupils, in all cases, is a want of independent mental activity—a contentment with the passive reception of instructions offered by the master, and an indisposition to self-instruction, which is the most profitable kind of teaching.

"Knowledge earned is ever more permanent and available than knowledge purchased. You may be faithful to your teachers, by a punctual and attentive hearing of the established routine of Lectures; but you can hardly be faithful to yourselves, except by an assiduous appropriation, during the remaining hours, of the advantages offered in the Library, Laboratory, and Dissecting rooms.

"Let me advise you especially, to devote a liberal share of these hours to select medical reading, by which you will become improved, at once, in general scholarship and professional knowledge.

"I know of no way of becoming an accomplished medical practitioner, but by a diligent and discriminating perusal of 'the books.' It is very true, that they contain much that is unimportant, and some of them, not a little that is apocryphal and fallacious; but it is equally true, that they contain much more that is authentic and indispensable to a complete medical education.

"I say to you, therefore, gentlemen, read 'the books'—count it among the highest privileges of your collegiate pupilage, that you have access to a choice and extensive Library, by improving which, you may be able to compare the doctrines and precepts promulgated in your school, with the recorded wisdom of other masters, and to amplify the instructions of your Professors, which are necessarily concise and limited, by resorting to the copious commentaries of their professional fathers and cotemporaries. It is easier to sneer at 'the books,' than to study them—to disparage their contents by wholesale, than to analyse, discriminate, and appropriate their excellencies, or to inculcate exclusively the results of one's own experience—vitiated, as it may be, by the perverting influence of system and theory, partial as it must be, in the case of the most favoured individual—instead of those enlarged and impartial views of medical doctrine and practice, which can be attained only by patient research, and a candid appreciation of the opinions and services of others.

"The books that are most likely to mislead you, are the writings of systemists, composed for the purpose of sustaining some ingenious speculations, or illustrating the efficacy of some favourite and exclusive method of practice. But the tongue may be quite as mischievous as the pen, in propagating these partial, narrow, apocryphal instructions, and there is much less to be feared from the mute heresy of all 'the books,' than from the imposing dogmatism of a single popular teacher, who denounces research 'ex cathedra,' and abuses the confidence, or practises on the credulity of pupils, by inculcating his own conceits, instead of the settled medical doctrines of the day.

"Read 'the books,' I repeat; but read them, as you should hear lectures, not with a passive acquiescence in every thing that is uttered; but, while entertaining it with respect and candour, which are due to all communications from sources to which we resort for instruction, submit it to the test of reflection, comparison and even controversy, so that when it is adopted, it may be received on conviction, and not on authority.

"In this way you may read or listen without danger of being misled by the favoritism, sophistry, or mistakes of the masters, and fairly appropriate to yourselves whatever is sound and valuable in their teachings"—p. 31.

#### *Insane Institution in Maryland.<sup>1</sup>*

We are pleased to observe, from the Report of the Committee of the House of Delegates of Maryland, drawn up by our estimable friend Dr. S. Collins,

<sup>1</sup> Report of the Committee on the part of the House of Delegates, appointed to visit and inspect the present condition of the Maryland Hospital. 8vo. pp. 11.

the chairman of the committee, that the people of Maryland are sensibly alive to the condition of their insane; and it is not a little gratifying to us, that the attention of the House of Delegates has been directed to the "appeal" to the people of Pennsylvania, to which reference has been made in the pages of the "Intelligencer." This appeal will form a part of the 2d volume of "medical and surgical monographs," completed in the present number of the "Library."

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### MISCELLANEOUS NOTICES.

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*Blindness from swallowing a piece of fat*; by Dr. BRACH.<sup>1</sup>—A young man of 18 years, during the prevalence of a gastrico-nervous fever, induced a state of indigestion by eating to excess, and swallowing a large piece of fat without previous mastication. From this time, all appetite disappeared, the taste of the fat was perceived in the mouth, and a dull heavy ache was felt in the forehead, especially at waking in the morning. About the fourth day, chill supervened, with vertigo, nausea, and empty retching; heat and permanent headach followed, the tongue assumed a dirty yellow colour, and a gastric fever commenced. The patient also began to complain of dimness of sight, which gradually increased on the second and third days of the fever, and on the fourth he found himself entirely blind. On this his friends became alarmed, and the next day applied for medical aid. Dr. B. found the case to be gastric fever accompanied with complete amaurosis: the pupil was unusually dilated, motionless, and insensible to light. As the nausea continued to recur, Dr. B. ordered an emetic, which brought up some impure mucus, and relieved the headach and vertigo, but not the blindness. Under the use of diluents and evacuants, the fever took a mild and favourable turn, without becoming typhoid. Toward the tenth day, the young man was fairly convalescent, but still blind. The continued use of diluents in conjunction with mild bitters, effected no change. From time to time, the tongue became coated anew, and the appetite did not regain its wonted keenness; the patient still perceived, at times, the taste of fat upon the tongue, and felt assured that a piece of this substance must remain undigested in the stomach. Dr. B. now ordered him to take one-twelfth of a grain of tartarized antimony every two hours, to diet, and drink freely of water. This treatment was continued three days, during which time, nausea and retching occurred at intervals, but no vomiting. On the fourth day, a powerful emetic was given. Free vomiting followed, and a mass of fat was rejected, about half an inch in length, and of some thickness. The amaurosis diminished from this time, and in five days the sight was restored: the mouth recovered its taste, the appetite returned, and the patient was cured.

*Case of Angina Pectoris.* By Dr. FISCHER, of Luneburg.<sup>2</sup>—A man, 63 years of age, of under size, and who for twenty years had given up his business and devoted himself to the chase, had thirteen years since a gastric fever, not of severe character but of long continuance, and from which the persevering use of light evacuants at length freed him. There remained in fact only some emaciation, and a change in his outward appearance. Five years after, oppression at the chest showed itself, recurring on every bodily or mental excitement, and assuming gradually the character and the severity of angina. When the suffocative paroxysms reached their height, at which period vomiting usually occurred and afforded relief, the patient found him-

<sup>1</sup> Med. Zeit. v. Vereino. f. Heilk. in Pr. 1837. No. 50.

<sup>2</sup> Holscher's Hannov. Annal. Bd. ii. Heft 2.



self compelled to lay hold of some solid object, as the stove, for example, and press his breast against it to assuage the pain. Neither external nor internal treatment produced permanent benefit; but the volatile antispasmodics, such as ether, ammonia, &c., sometimes, by causing eructation, gave some relief; and transitory ease was obtained from opium. Cooling diet and acid drinks, together with bleeding and general depletion, carried as far as his strength would allow, proved the best treatment. After this state had continued for several months, an inexplicable remission occurred, so that he was again able to indulge his passion for the chase. Mucus and sand were also passed from the bladder, and some hemorrhoidal tumours were manifest. The strength now increased with each year, and except with some pain in the breast and abdomen he was apparently well. Some signs of his former complaint, however, would show themselves, when he mounted an ascent rapidly, or used powerful effort. On the night of the 31st October, 1836, a sharp frost occurred, and on the following morning the patient complained of catarrh, cough, and stricture; the pulse indicated a moderate degree of rheumatic fever, and was feeble; the tongue dry and whitely coated; the appetite gone, and the thirst eager, especially for cold drinks; there was nausea, occasional vomiting, and costiveness. Fever followed, with headach and great sensitiveness of the surface to touch; neither sleep nor sweat could be induced. He sunk under the increasing pain in the breast on the sixth day. Dissection exhibited the lungs, dark, flaccid, crepitating, adherent; the heart small and pale; the right ventricle full of dark blood. The coronary artery was ossified at intervals, so that it felt to the finger like a fine hard string of pearls. This alteration of structure was most marked at the origin of the left coronary artery.

*Abdominal Tumours and Intestinal Perforations caused by Worms.—*

Dr. J. Mondière, of Loudon, department of Vienne, at the termination of a long communication on this subject,<sup>1</sup> deduces the following conclusions:—

1. It is not very rare to see tumours developed on some part of the abdomen, but especially about the inguinal and umbilical regions, which, when opened, give exit to ascarides lumbricoides, in greater or less quantity.

2. These tumours appear only in individuals of the verminous diathesis, who habitually void worms by the superior and inferior passages; it follows thence, that children, being more subject than adults to this diathesis, should more frequently labour under the affection in question.

3. Worms agglomerated in different quantities, and forming a ball, are the primary cause of the symptoms, which they produce in a mechanical manner, by dilating a part of the intestine, subsequently irritating and inflaming the surrounding tissues, and causing a tumour, which terminates in suppuration.

4. These tumours are always preceded by what is a characteristic symptom, pains more or less acute in the part of the intestines corresponding exactly to that of the abdominal paries where the tumours are experienced.

5. Before opening externally, they become the seat of peculiar sensations, which may aid us in the diagnosis. Thus, in one case, a peculiar shuddering (*frémissement*) in the interior of the tumour was felt, which was likewise observed by M. Wanderback; M. Menard detected an emphysematous crepitation; other patients have felt prickings.

6. Their formation is often also preceded by all the symptoms of gastroenteritis of varying intensity, and by nausea, which may perhaps be accounted for by the contact of the worms with the parietes of the abdomen.

7. These tumours always terminate by suppuration; sometimes a greater or less gangrenous eschar forms at their summit, which appears to be occa-

<sup>1</sup> L'Experience, Janvier, 1838.

sioned by the mixture of the contents of the intestine with the pus of the abscess.

8. Whether the tumours be opened with the bistoury or discharged spontaneously—in which case one or more small holes are formed as it were by erosion—at first a small quantity of pus issues, and soon one or more worms appear detached from the principal mass; frequently, also, the ball of worms is expelled in the lump; after which, almost immediately the intestinal contents are seen to pass out.

9. These abscesses, once opened, either spontaneously or by art, degenerate into true intestinal fistulæ, which do not heal until after the expulsion of the worms. But as soon as this occurs, the tumour is seen to decrease, the opening to close, its edges to approach, and the cure soon becomes perfect.

10. The ascarides are almost the only worms which I have seen discharged from these tumours; we have, however, related a case where a tænia gave rise to phenomena which were the same as in all the other cases.

11. A simple fact known to us would seem to lead to the belief, that worms escaping from the intestines, and once lodged in the substance of the abdominal parietes, may be surrounded by a kind of cyst, which, isolating them from the intestinal cavity, may allow the parts behind to be cicatrised, so that on opening the tumour, worms only and a small quantity of pus may be discharged, but nothing resembling the matters contained in the intestines, the perforation of which cannot be traced.

12. The treatment consists solely in the use of emollient or maturative poultices, opening the tumour, and facilitating the discharge of the worms, after which the cure takes place spontaneously.

There are some cases, however, and M. Mondière refers to two or three of this nature, in which advantage may be derived from having recourse to purgative and vermifuge medicines. Regulated compression may also, in some cases, be used successfully to obtain more promptly the cure of the fistulæ.

## GRADUATES OF JEFFERSON MEDICAL COLLEGE.

At a Commencement held on Tuesday, the 5th of March, 1839, the Degree of Doctor of Medicine was conferred on the following gentlemen by the Rev. Ashbel Green, D.D., L. L. D., President of the Board of Trustees.

### CANADA.

Charles E. Cotton, Rheumatism.  
Hugh Jones, Marriage.

### NOVA SCOTIA.

William R. Grant, Topical Applications.

### VERMONT.

Newton H. Ballou, Phlegmonous Inflammation.

### MASSACHUSETTS.

Samuel C. Hartwell, Phrenology.

### CONNECTICUT.

Thos. W. Aspinwall, Inflammation.

### NEW YORK.

Isaac D. Fowler, Inflammation.

Alfred H. Lee, Anasarca.

W. Cooper Anderson, Delirium Tremens.

Cornellus V. A. Van Dyck, On the Diseases of Kinderhook, &c.

### NEW JERSEY.

E. B. Mershon, Iodine.

Martin S. Synnot, Croup.

Justin Millard, Burns.

Garner H. Cline, Whooping Cough.

Reuben Willetts, Hemorrhage.

James Crane, Jr., Tight Lacing.

### PENNSYLVANIA.

W. C. Reiter, Neuralgia.

E. J. Engelman, Dysentery.

Charles Taylor, Jr., Scarlatina.

John Roberts, Compression of the Brain.

Thomas Stilwell, Asphyxia.

B. T. Neal, Sen., Effects of Empiricism.

Jesse Harker, Dyspepsia.

B. J. Blankman, Consumption.

Robert H. Allison, Fœtal Circulation.

David B. McGinley, Rubecola.

Wm. H. Wolfe, Uterine Hemorrhage.

Nathaniel W. Sample, Jr., Scarlatina.

James H. Cochrane, Hernia.

Thomas R. Colhoun, Electricity and Galvanism.

William B. Diver, Religion.

Nathan M. Scholfield, Cataract.

Edward McGintie, The Mind.

Lemuel Kinsloe, Croup.

S. K. Leedom, Pleurisy.

Philip C. Donnelly, Croup.

John J. Bucher, Life.

Joseph H. Levering, Acute Rheumatism.  
John J. Boyd, Diagnosis.  
Isaac Hughes, Cynanche Trachealis,  
William M. Bickley, Instinct.

## MARYLAND.

Joseph G. Getzendanner, Dysentery.  
Thomas S. Duckett, Chorea.  
Richard Weems, Cynanche Trachealis.  
W. R. Riley, Bilious Fever.  
Alexander H. Robertson, Acute Bronchitis.  
John D. Allen, Amenorrhœa.  
Albert Whitely, Intermittent Fever.  
John M. Brome, Revulsion.  
Josiah Harding, Epilepsy.  
Francis J Steele, Amaurosis.

## DELAWARE.

Reuben J. Allmond, Dysentery.  
Duffield Armstrong, Acute Hepatitis.  
James F. Wilson, Cholera Infantum.

## DISTRICT OF COLUMBIA.

Joshua A. Ritchie, Anthrax.

## VIRGINIA.

George B. Stephens, Phlogosis.  
Geo. W. Harnsberger, Physiology of Indigestion.  
C. W. Prather, Mercury.  
Thomas Mauxy, Hemoptysis.  
John L. Shackelford, Scarlet Fever.  
Howard H. Cropp, Cynanche Trachealis.  
A. J. Coons, Physiology of the Fœtus.  
Richard H. Carmichael, Mortification.  
Josephus Carter, Menstruation.  
Thos. C. Hines, Anatomy and Physiology of the Stomach.  
Robert H. Taliaferro, Dysentery.  
Edward C. Williams, Syphilis.  
Richard M. Glascock, Intermittent Fever.

## NORTH CAROLINA.

Neill McNair, Intermittent Fever.

## SOUTH CAROLINA.

John Davis, Cynanche Trachealis.  
John F. Dorroh, Percussion and Auscultation.

## GEORGIA.

John G. Sledge, Inflammation.  
Henry H. DeLegal, Chorea.

## MISSISSIPPI.

Thomas W. Gouldin, Malaria.  
Thomas D. Isom, Syphilis.

## LOUISIANA.

Michael Mahoney, Fever.

## TENNESSEE.

William P. Stockard, Syphilis.

## OHIO.

Jno. J. Turner, Diseases of the Teeth and Gums.  
Columbus B. Guthrie, Intermittent Fever.  
David Chapman, Electro-Magnetism.  
Francis W. Upson, Humane Diversitates.  
John F. McReynolds, On the Philosophy of Caloric.

## IRELAND.

Francis Scoffin, Suppression of Hemorrhage.

## WESTPHALIA (Germany).

H. W. Schmoele, On the curative properties of Medicines.

## ENGLAND.

John R. Atkinson, Erysipelas.

## SCOTLAND.

Robert Douglas, Suppressed Menstruation.

## Honorary Degrees.

Alfred F. Keiser, of Pennsylvania.

Samuel McClellan, of Hudson, N. Y.

## S. COLHOUN,

Dean of the Medical Faculty.

Five other gentlemen, students of the college, were recommended for graduation to the Board of Trustees. Their names will be published hereafter.

An appropriate valedictory address was delivered to the graduates by Professor Colhoun.

## BOOKS RECEIVED.

*From Professor T. R. Beck, of Albany.*—Annual Address, delivered before the Medical Society of the State of New York, Feb. 26, 1839. By Laurens Hull, M. D., President of the Society. 8vo. pp. 12. Albany, 1839.

*From Dr. S. Collins, of Baltimore.*—Report of the Committee on the part of the House of Delegates, appointed to visit and inspect the present condition of the Maryland Hospital. 8vo. pp. 11.

*From the Author.*—A Lecture on Loxarthrus or Club foot; by Thomas D. Matter, M. D., Lecturer on Surgery, Fellow of the College of Physicians, Member of the Academy of Natural Sciences of Philadelphia, &c. 8vo. pp. 104. Philadelphia, 1839.

*From Mr. Churchill, of London.*—Principles of General and Comparative Physiology, &c. &c.; by W. B. Carpenter, &c. [See last number, page 372.]

On Granular Degeneration of the Kidneys, and its connection with Dropsy, inflammations, and other diseases; by Robert Christison, M. D., F. R. S. E., President of the Royal College of Physicians of Edinburgh, Professor of Materia Medica, and one of the Professors of Clinical Medicine in the University of Edinburgh. 8vo. pp. 288. Edinburgh, 1839.

Elements of the Pathology of the Human Mind; by Thomas Mayo, M. D., F. R. S., Physician in ordinary to His Royal Highness the Duke of Sussex, Fellow of the College of Physicians, and late Fellow of Oriel College, Oxford. 12mo. pp. 182. London, 1838.

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